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County Council of Durham

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# ANNUAL REPORT

OF THE

Medical Officer of Health

AND

OTHER RECORDS

FOR THE YEAR

1952

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NORMAN WARD LTD., LOW FELL

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1954



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Table E.— Comparative Vital Statistics — Administrative County and England and Wales.

# COUNTY COUNCIL OF DURHAM.

*To the Chairman and Members of the County Council of Durham.*

*Ladies and Gentlemen,*

I have pleasure in submitting my report on the health of the county and the work of the County Health Services during the year 1952.

*Survey of Local Health Services.*—In accordance with a request made in Ministry of Health Circular 29/52 that the annual report should include, in addition to an account of the health services, a general review of their working as part of the wider National Health Service and the steps which had been taken locally to co-ordinate the different parts of the service, a survey was prepared and submitted to the Council early in the year. The various parts of that survey have been incorporated in the text of this report under the appropriate headings.

*Area Administration.*—Although assistant county medical officers have been appointed in only half of the twelve areas, there was a prospect that appointments would be found possible within a short time in a further three or four areas.

*Infant Mortality.*—The year has shown a sharp decline in the infant mortality rate. At 33 per 1,000 births it is the lowest recorded for the county, but is nevertheless, still considerably higher than the rate for England and Wales (27.6 per 1,000 births).

*Maternal Mortality.*—Deaths from puerperal causes at 17 were fewer than ever. The smallness of the number is a challenge to further efforts at prevention.

*Midwifery.*—The numbers and proportion of cases attended by domiciliary midwives continued to decline slowly. This, while partly a consequence of the fall in the number of births, is principally due to the increase in hospital admission for confinement.

*Infectious Diseases.*—An encouraging feature of the statistics for the year was the sudden considerable reduction in the numbers of both deaths from, and new cases of, tuberculosis. On the other hand, there was a slight increase in the incidence of poliomyelitis. Other infectious diseases presented no features of special note.

I am again glad to have the opportunity of expressing my thanks to the Chairman and members of the Health Committee, for their encouragement and support and to the members of my staff in the Health Department for their continued valuable assistance throughout the year.

I have the honour to be,

Ladies and Gentlemen,

Your obedient Servant,

IAN McCracken.

*County Health Department;  
Shire Hall,  
Durham.*

*March, 1954.*



## STAFF OF THE COUNTY HEALTH DEPARTMENT.

## COUNTY MEDICAL OFFICER OF HEALTH.

Ian McCracken, M.A., B.Sc., M.B., Ch.B., D.P.H.

## DEPUTY COUNTY MEDICAL OFFICER OF HEALTH.

G. Wilson, M.B., B.S., B.Hy., D.P.H.

## SENIOR WELFARE MEDICAL OFFICER.

E. S. Williamson, B.Sc., M.B., L.L.A., D.P.H.

## ASSISTANT WELFARE MEDICAL OFFICERS.

M. L. Anderson, M.B., Ch.B.

J. W. Bates, M.B., B.S. (part-time).

L. R. Benham, M.B. B.S., D.P.H. (part-time).

H. Blacklay, M.B., Ch.B., D.P.H., L.M.

\*G. M. Cox, M.B., B.S.

M. M. Dickinson, M.R.C.S., L.R.C.P. (temporary).

P. Dixon, M.B., B.S.

P. Greenslade, M.B., B.S. (part-time).

M. E. Hegarty, M.B., B.Ch., B.A.O.

M. J. Hegarty, M.B., B.Ch., B.A.O., D.P.H.

M. K. Henegan, M.B., B.S., D.P.H.

H. Hindson, M.D., B.S. (part-time).

V. M. Merritt, M.B., B.S. (temporary).

M. F. Murray, L.R.C.P., L.R.C.S. (temporary).

M. T. McFadden, M.B., B.Ch., B.A.O., D.P.H.

M. Raw, B.Sc., M.B., B.S.

W. M. Rodgers, M.B., B.Ch., B.A.O., D.P.H. (part-time).

L. Ross, M.B., B.S. (temporary).

K. Schaps, M.D. (Heidleberg) also M.O. Hardwick Hall Maternity Home.

E. Schonberger, M.D. (Vienna).

J. Sherriffs, M.B., Ch.B.

H. W. Tonge, M.B., Ch.B. (part-time).

E. Wailes, M.B., B.S.

\*Engaged in work of Children Department.

## DENTAL SURGEONS — PART-TIME AT WELFARE CENTRES.

W. Moss, L.D.S.

T. H. Smailes, L.D.S.

S. Todd, L.D.S.

## AREA MEDICAL OFFICERS (part-time).

Area No. 3. S. Ludkin, M.B., B.S., D.P.H.

Area No. 5. L. A. M. Johnston, B.Sc., M.B., Ch.B., D.P.H.

Area No. 9. J. G. Paley, M.R.C.S., L.R.C.P., D.P.H.

Area No. 10. H. G. Donald, M.B., Ch.B., D.P.H.

Area No. 11. M. W. Rodgers, M.B., B.Ch., B.A.O., D.P.H.

Area No. 12. H. J. Peters, M.B., B.Hy., D.P.H., D.P.A.

## COUNTY ANALYST (PART-TIME).

C. J. H. Stock, B.Sc., F.R.I.C.

## COUNTY HEALTH INSPECTOR.

T. S. Yarrow, C.R.S.I., M.S.I.A.

## SUPERINTENDENT HEALTH VISITOR.

Miss A. Fraser.

## DEPUTY SUPERINTENDENT HEALTH VISITORS.

Miss M. Gray.

Miss E. Rutherford (resigned 21.11.52).

## HEALTH VISITORS.

The establishment of health visitors is 140. On the 31st December there were 107 health visitors on the staff (including 14 temporary health visitors) and the following summary shows the qualifications possessed by them.

Supt. Health Visitor possesses qualifications number	1, 3, 4	}	1 Ministry of Health Certificate for Health Visitors.
1 Dep. Supt. Health Visitor	„ 1, 3, 4		2 Sanitary Inspectors' Certificate (Royal Sanitary Institute).
78 Health Visitors	„ 1, 3, 4		3 Certificate of Central Midwives Board.
25 „ „	„ 1, 3a, 4		3a do. Part I only
1 „ „	„ 2, 3		4 State Registered Nurse
2 „ „	„ 3, 4		
1 „ „	„ 4		

## COUNTY MIDWIVES INSPECTOR.

Miss K. Furness.

## ASSISTANT COUNTY MIDWIVES INSPECTORS.

Miss H. P. Robson (retired 29.12.52).

Miss N. Dodds

## DOMICILIARY MIDWIVES.

The establishment of midwives is 171, and on the 31st December there were 127 midwives on the staff. In addition, there were 56 nurse-midwives employed by the County Nursing Association.

## WEIGHTS AND MEASURES INSPECTORS, WHO ALSO ACT AS FOOD AND DRUGS SAMPLING OFFICERS.

A. Graham (Chief).

J. Trotter, B.Sc. (Deputy).

C. Bateson.

T. Lamb.

R. A. Morrison.

E. G. Pickering.

J. H. Routledge.

E. Rowland.

D. H. Seaton.

I. A. Sharman.

J. W. Simpson.

G. W. Woods.

## NURSERIES.

5 Matrons, 53 Nursing and 16 Domestic Staff.

## MENTAL HEALTH.

7 Duly Authorised Officers.  
1 Social Worker.

## DOMESTIC HELP SERVICE.

1 Organiser. 12 Assistant organisers.

## BLIND PERSONS.

17 Home Teachers.

## CONTACT TRACING.

1 Social Worker.

## AMBULANCE SERVICE.

Ambulance Officer.  
Assistant Staff Officer.  
Maintenance Officer.  
271 Driver-Attendants.  
30 Clerk-Telephonists.



## STATISTICS.

Area (Census 8th April, 1951) .....	620,869
Registrar-General's estimate of population, mid-1952	899,800
Rateable value as at the 1st April, 1952	£4,097,055
Sum represented by a penny rate .....	£15,517

		<i>Total.</i>	<i>Males.</i>	<i>Females.</i>
Live Births	{ Legitimate	15,089	7,769	7,320
	{ Illegitimate	486	260	226
Stillbirths	{ Legitimate	391	214	177
	{ Illegitimate	18	10	8
Total births (live and still)		<u>15,984</u>	<u>8,253</u>	<u>7,731</u>

Birth Rate per 1,000 estimated population mid-1952 .....	17.3
Still-birth Rate per 1,000 total (live and still) births .....	25.6
Number of Deaths .....	9,798
Death Rate per 1,000 estimated average population .....	10.9

## Deaths from puerperal causes.—

	<i>Deaths</i>	<i>Rate per 1,000 total (Live and still) births.</i>
Puerperal Sepsis .....	3	0.19
Other puerperal causes .....	14	0.88
Total .....	<u>17</u>	<u>1.06</u>

## Death Rate of Infants under one year of age.—

All infants per 1,000 live births .....	33
Legitimate infants per 1,000 legitimate live births	32
Illegitimate infants per 1,000 illegitimate live births	49

## Deaths and Death Rates from.—

	<i>No. of Deaths.</i>	<i>Rate per 1,000 estimated average population.</i>
Cancer .....	1,693	1.88
Measles .....	11	0.01
Whooping Cough .....	8	0.01
Diarrhoea (under 2 years of age) .....	24	0.03
Scarlet Fever .....	2	0.002
Diphtheria .....	1	0.001
Typhoid and Paratyphoid .....	1	0.001

## AREA.

The area of the administrative county is 620,869 acres — 143,133 in municipal boroughs and urban districts and 477,736 in rural districts — the density of population being 1.45 persons per acre.

On the 1st April in accordance with the County of Durham (Parish of Great Aycliffe) Confirmation Order, 1952, 143 acres from Shildon Urban District and 208 acres from Sedgfield Rural District, a total of 351 acres, was transferred to Darlington Rural District.

The administrative county consists of 4 municipal boroughs 21 urban districts and 10 rural districts. The area of each of these districts is given in Table B at the end of this report.

## POPULATION.

The Registrar General's estimate of population for the administrative county for mid-year 1952 is 899,800 and shows an increase of 1,200 compared with his estimate for mid-year 1951. The estimated population of each sanitary district in the administrative county is given in Table B at the end of this report.

## RATEABLE VALUE.

The rateable value of the administrative county on the 1st April, 1952, was £4,097,055 and a penny rate represented the sum of £15,517.

## BIRTHS AND BIRTH-RATES.

The number of live births registered in the administrative county during 1952 was 15,575 equal to a rate of 17.3 per 1,000 population compared with 17.6 for the previous year. The provisional rate for England and Wales during 1952 is 15.3.

Of the total births registered 7,769 males and 7,320 females were legitimate and 260 males and 226 females illegitimate, the percentage of illegitimate births to total births being 3.1 compared with 3.0 in 1951.

The number of stillbirths registered was 409 equal to a rate of 25.6 per 1,000 (live and still) births, compared with 25.3 during 1951. Of the stillbirths registered 214 males and 177 females were legitimate and 10 males and 8 females illegitimate.

The stillbirth rate among illegitimate children was 37 per 1,000 births.

## DEATHS AND DEATH-RATES.

The number of deaths registered in the administrative county during the year, after correction for inward and outward transfers, was 9,798 equal to a death-rate of 10.9 per 1,000 population compared with 12.4 in the previous year.

The adjusted death-rate for the administrative county in accordance with the comparability factor (1.13) supplied by the Registrar General is 12.3 per 1,000 population.

### INFANT MORTALITY.

The number of deaths of infants under one year of age registered during the year was 513 and shows a decrease of 158 compared with the previous year. The infant mortality rate per 1,000 live births was equal to 33, which is a reduction of 9 per 1,000 compared with last year, and is the lowest on record for this county. The rate for England and Wales was 27.6.

The death-rate of legitimate infants under one year of age per 1,000 legitimate live births was 32 while the death-rate of illegitimate infants per 1,000 illegitimate live births was 49.

Of the 513 deaths of children under one year of age 160, or 31.2% were registered as being due to prematurity occurring during the first four weeks of life.

The following table shows the number of births registered, the number of deaths of children under one year of age and the infant mortality rate for the last ten years.

TABLE 1.

Year.	Births.	Deaths under 1 year	Rate per 1,000 Births.
1943	15,104	975	65
1944	17,154	1,046	61
1945	15,639	837	54
1946	18,408	909	49
1947	19,354	964	50
1948	17,779	831	47
1949	16,853	746	44
1950	16,132	648	40
1951	15,806	671	42
1952	15,575	513	33

## GENERAL PROVISION OF HEALTH SERVICES.

### *Administration.*

In accordance with a Scheme adopted by the County Council on 25th February, 1948, the administrative county is divided into twelve areas for each of which a Health Sub-Committee has been appointed to exercise on behalf of the Health Committee certain functions relating to the services provided under the National Health Service Act, 1946. The text of this scheme is reproduced in the Annual Report for 1948. The Sub-Committees are composed of (a) members of the County Council appointed by the Health Committee (three in number except in the case of two larger sub-committees where there are five) (b) persons appointed by the Health Committee not being members of the County Council or of district councils (three in number in all sub-committees) and members of district councils in the area appointed by those councils. In all cases district council members are in the majority.

Subject to such general or special directions as may from time to time be given by the Health Committee, and to certain exceptions, the functions of the Health Committee under sections 21 to 29 inclusive of the National Health Service Act, 1946, are exercised by the sub-committees within their respective areas.

The excepted functions are :—

- (a) the power of raising a rate ;
- (b) the power of borrowing money ;
- (c) the alteration or revocation of this scheme ;
- (d) the purchase, leasing or sale of any land or buildings ;
- (e) the alteration of any establishment or the revision of any scale of salaries, wages or other payments which has been approved by the County Council also the fixing of the amount of superannuation or gratuity to any employee retiring from the service of the County Council ;
- (f) the appointment of any officer or servant to a post at a basic salary or wage of more than £385 per annum at the maximum ;
- (g) the dismissal of any officer or servant ;
- (h) the preparation and modification of any proposals required by the National Health Service Act, 1946 ;
- (i) the power to authorise sealing of documents.

The area sub-committees do not report to the Health Committee and some disadvantage is experienced if no County Council member on the sub-committee is a member of the Health Committee in that the views of the sub-committee cannot be represented in the Health Committee nor can the views of the Health Committee be represented in the area sub-committee.



Table 2 shows the number of meetings held by the area health sub-committees during the year in accordance with the scheme adopted by the County Council in 1948.

TABLE 2.

No. of area.	Names of County Districts comprised in the area.	Medical Officer.	Number of members.	Meetings held.
1	Blaydon U.D. Ryton U.D. Whickham U.D.	Vacant.	20	4
2	Jarrow Borough Felling U.D. Hebburn U.D.	Vacant.	21	4
3	Consett U.D. .... Stanley U.D. .... Lanchester R.D.	S. Ludkin, M.B., B.S., D.P.H.	21	4
4	Chester-le-Street U.D. Chester-le-Street R.D.	Vacant.	16	4
5	Boldon U.D. .... Hetton U.D. .... Houghton-le-Spring U.D. Washington U.D. .... Sunderland R.D.	L. A. M. Johnston, B.Sc., M.B., Ch.B., D.P.H.	25	4
6	Crook & Willington U.D. Tow Law U.D. .... Weardale R.D. ....	Vacant.	18	5
7	Durham Borough .... Brandon U.D. .... Durham R.D.	Vacant.	20	3
8	Seaham U.D. .... Easington R.D. ....	Vacant.	18	11
9	Barnard Castle U.D. Barnard Castle R.D.	J. G. Paley, M.R.C.S., L.R.C.P., D.P.H.	15	4
10	Bishop Auckland U.D. Shildon U.D. Spennymoor U.D.	H. G. Donald, M.B., Ch.B., D.P.H.	20	4
11	Hartlepool Borough .... Billingham U.D. .... Darlington R.D. .... Sedgefield R.D. .... Stockton R.D.	M. W. Rodgers, M.B., B.Ch., B.A.O., D.P.H.	28	6
12	Stockton Borough .....	H. J. Peters, M.B., B.Hy., D.P.H., D.P.A.	14	10

The County Medical Officer of Health (who has one Deputy) is responsible for the general supervision and co-ordination of the services. The officers in charge of sections of the service — the Senior Welfare Medical Officer, the Supervisor of Midwives, the Superintendent Health Visitor, the Ambulance Officer, and the Domestic Help Organiser are responsible to the County Medical Officer. The Superintendent of the County Nursing Association who is responsible for the Home Nursing Service is also, by arrangement, responsible in professional matters to the County Medical Officer. The Mental Health Service is under the immediate supervision of the Deputy County Medical Officer.

There is direct liaison also between heads of sections and between individual nurses, health visitors, midwives, etc., in the field.

Provision has been made for the appointment of an assistant county medical officer in each health sub-committee area but so far only six of the twelve posts have been filled, the remaining sub-committees being advised temporarily by the County Medical Officer or his Deputy.

The chest physicians of the Regional Hospital Board, as regards their functions in the arrangements for the prevention of illness, care and after-care, are in direct communication with the County Medical Officer.

*Co-ordination and co-operation with other parts of the National Health Service.*

Opportunities for co-ordinating action arise from the fact that members of the Local Health Authority are also members of the Executive Council and of Hospital Management Committees. Members of the Regional Hospital Board Executive Council and Local Medical, Dental and Pharmaceutical Committees are co-opted on the Health Committee.

The County Medical Officer with other medical officers of health meets officers of the Regional Hospital Board on a Regional Liaison Committee at which matters of mutual interest are discussed. The County Medical Officer is a member of the Local Medical Committee and both he and his Deputy are members of Hospital Management Committees.

Information in the medical records at the ante-natal clinics is available to midwives, general practitioners or hospitals, and details are supplied to those in charge of the delivery in the last month of pregnancy usually by personal letter from the Welfare Medical Officer. An endeavour has been made to arrange that maternity hospitals supply lists of maternity bookings to the County Medical Officer. Not all hospitals have been able to do this, but where it is done it is possible for the Welfare Medical Officer to supply to the Hospital Officer a note on the ante-natal medical record of the patient.

In the case of abnormality the expectant mother is referred to her doctor or by arrangement with him to a specialist at the local hospital. Frequently she is referred for continued supervision at the Local Health Authority clinic with the request that she visit the hospital clinic again later in pregnancy. This has proved a satisfactory arrangement which holds advantages for both patient and specialist and allows the



Local Health Authority clinic to play a useful part in the care of the expectant mother. Instances are known, however, in which the mother has, on visiting the hospital clinic been instructed not to attend the Local Authority clinic and has had, despite the inconvenience of a longer journey, to continue frequent attendance at the hospital clinic.

The complaint is sometimes voiced by general practitioner obstetricians that they may know little or nothing of the ante-natal history of patients whom they may be called to attend in emergency. Consideration is being given to the possibility of introducing a system of routine reports by the welfare medical officer which will keep the general practitioner obstetrician informed of the progress of the patient during pregnancy and the post-natal period.

The services of the health visitors are available to general practitioners. It must be admitted, however, that they are rarely used, possibly because the functions of the health visitor and the ways in which she can assist are not clearly appreciated. On the other hand, their help is frequently invoked by hospital almoners in connection with the after-care of patients on discharge from hospital.

Midwives are closely associated with the general practitioners in their work. In many cases they assist practitioners at their private ante-natal clinics. They frequently attend maternity cases discharged from hospital before the end of the puerperium, intimation of the discharge being received from the hospital by telephone or postcard.

General medical practitioners are supplied with the names, addresses, and telephone numbers, of local district nurses and nurse-midwives.

Notices have been sent to practitioners (and have also been publicly displayed in shop windows and post offices) indicating how an ambulance may be obtained. Doctors are also supplied with pads of forms on which they may certify the need for an ambulance.

Health Days are held at the welfare centres and invitations are sent to all medical practitioners in the district.

Talks are given to public bodies and women's organisations on the work of the Health Visitor and on the Domestic Help Service.

With the co-operation of the Clerk to the Executive Council for the County of Durham circulars dealing with administrative matters or giving information about the Health Service are from time to time distributed to all general medical practitioners in the county.

#### *Joint use of Staff.*

Three general practitioners in the Stockton area conduct child welfare and ante-natal clinics for the County Council on a sessional basis. In one instance, an assistant welfare medical officer of the Council is resident in a maternity home and devotes part of her time to work there. Twelve chest physicians of the Regional Hospital Board devote part of their time to work for the County Council under the arrangements for the prevention of illness, care and after-care.

### *Voluntary Organisations.*

The County Council subscribes to several national bodies such as the Central Council for Health Education, the National Baby Welfare Council, the National Council for Maternity and Child Welfare and the National Society of Day Nurseries.

Locally most of the maternity and child welfare centres have voluntary committees whose members assist at the sessions with the distribution of milk and milk foods and take a very keen interest in the social activities of the centre. There is also a County Federation of these committees whose convalescent scheme has enabled many mothers and children to enjoy a holiday in a convalescent home.

For the care of unmarried mothers and their children the Council have arrangements with the Durham Diocesan Moral Welfare Association, the Newcastle and Hexham Diocesan Society and the Salvation Army.

The County Nursing Association act as agents for the Council for the provision of a home nursing service and a domiciliary midwifery service in certain of the more rural parts of the county.

There now remains only one small voluntary ambulance association which provides an agency service for the council.

### BACTERIOLOGICAL LABORATORY FACILITIES.

The Medical Research Council, acting on behalf of the Ministry of Health, continue to be responsible for the administration of the public health laboratory service.

The laboratory situated at the Government Buildings, Ponteland Road, Newcastle-on-Tyne, undertakes all examinations for the County of Durham.

Table 3 shows the number of specimens submitted for examination.

### TREATMENT CENTRES and CLINICS.

*Maternity and Child Welfare Centres.*—The number of welfare centres at the end of the year was 90.

*Dental Clinics.*—Four clinics were in operation during the year, and in addition the school dental officers in Stockton-on-Tees, treated some children under 5 years.

*Ante-Natal Clinics.*—Sessions were being held at 86 centres at the end of the year.

*Post-Natal Clinics.*—At the end of the year the number of centres at which post-natal sessions were held had decreased to 24. At centres where numbers do not justify special sessions, advice is given at ante-natal clinics.

*Birth Control Clinics.*—Advice was given at 22 centres.

	General Practitioners.	Hospitals.	Chest Clinics and Sanatoria.	School Medical Officers.	Sanitary Insp.	TOTAL.
<i>Swabs for :</i>						
Diphtheria.	215	31	—	47	38	331
Haem. streptococci	51	7	—	—	21	79
Vincent's Angina	1	—	—	—	—	1
Organisms	110	63	—	28	73	274
<i>Blood for :</i>						
Widal examination	9	8	—	—	2	19
Culture and misc. exam.	6	7	—	—	—	13
<i>Sputum for :</i>						
Tubercle bacilli	157	—	4,730	—	—	4,887
Organisms	3	—	7	—	—	10
General Exam.	1	4	1	—	—	6
<i>Faeces for :</i>						
Enteric, Dysentery, Food Poisoning, etc.	676	82	—	1	821	1,580
<i>Urine for :</i>						
Enteric	2	19	—	—	2	23
Organisms	14	26	—	—	2	42
Tubercle bacilli	1	35	4	1	—	41
<i>Water for :</i>						
Coliform organisms	—	—	—	—	580	580
<i>Ice Cream for :</i>						
Methylene blue test	—	—	—	—	669	669
<i>Milk for :</i>						
Methylene blue test	—	—	—	—	121	121
Meth. blue & phosphatase	—	—	—	—	272	272
M.blue, phost. & B. Coli.	—	—	—	—	12	12
M.blue & B. Coli	—	—	—	—	15	15
Turbidity	—	—	—	—	13	13
<i>Miscellaneous for :</i>						
Pathogens	11	2	—	—	31	44
<i>ANIMAL INOCULATION.</i>						
Diphtheria swabs for virulence	—	1	—	—	—	1
Milk for tubercle bacilli	—	—	—	—	38	38
Miscellaneous for tubercle bacilli	4	29	177	—	—	210
TOTALS	1,261	314	4,919	77	2,710	9,281





*Nurseries.*—Five day nurseries are in use but after the 1st December when the charges were raised usage decreased to a considerable extent.

*Artificial Sunlight Clinics.*—The number of centres using ultra-violet ray lamps at the end of the year was 32.

### NURSING HOMES.

During the year no applications were made to the County Council under section 194 of the Public Health Act, 1936, for the delegation of their powers to district councils. The maternity and nursing homes were periodically inspected.

#### REGISTERED NURSING HOMES.

<i>Name and address.</i>	<i>Description.</i>
St. Monnica's, 60 North Bondgate, Bishop Auckland.	Maternity. Closed May 1952.
Barton House, Yarm Road, Stockton-on-Tees.	Maternity and general.
Rosemount, 32, Bede Road, Barnard Castle.	Maternity and general.
Percy House, Neville's Cross, Durham.	Aged, infirm and border- line mental cases.
Broadmeadows Manor <i>nr</i> Castleside	General, chronic, aged and infirm.
Rockcliffe Park, Hurworth-on-Tees, (annexe to Hospital of St. John of God, Scorton).	Chronic sick (males.)

The certificate of exemption from registration under the Public Health Act, 1936, in respect of "Wayside" West Boldon, was again renewed for one year.

### HEALTH CENTRES.

The County Council have agreed to the reservation of sites for health centres at a number of places in the County and with the concurrence of the County Executive Council of the National Health Service have so far decided to give priority of erection only to the centres to be provided in Peterlee and Newton Aycliffe.

### CARE OF MOTHERS AND YOUNG CHILDREN.

The proposals of the County Council under Section 22 of the National Health Service Act, 1946, originally approved by the Minister of Health on the 19th May, 1948, were amended as shown and approved by the Minister on the 8th September, 1952.

## PART II

Para. 3 should now read.—

The Local Health Authority will make arrangements with the Durham Diocesan Moral Welfare Association *and may make arrangements with the Hexham and Newcastle Diocesan Rescue Society* in connection with the care of unmarried mothers and their children.

The following should be added to Para. 8.—

The Local Health Authority may also make contributions to the Hexham and Newcastle Diocesan Rescue Society in respect of the provision of help and advice to unmarried mothers by the Society's workers.

*Centres.*—Of the 90 welfare centres in the administrative county 39 are held in premises owned or wholly rented by the County Council, the remaining centres being held in premises, such as church halls, on a rental basis.

Ferryhill centre was re-opened in October in new premises after being closed since March, 1951.

Table 4 shows the aggregate attendances at the welfare centres during the year and Table 7 the attendances at each welfare centre.

TABLE 4.

	Babies and Children's Sessions.			Ante-Natal Sessions.
	Under 1 year.	1 and under 3 years.	3 and under 5 years.	
No. on books . . . .	8,077	10,583	5,329	9,533
Attendances . . . . .	82,994	28,988	10,284	43,025
Average attendances per session . . . . .	17	6	2	10
Consultations . . . . .	58,359	20,783	7,695	42,677
Average consultations per session . . . . .	14	5	2	10

#### CARE OF EXPECTANT AND NURSING MOTHERS AND CHILDREN UNDER SCHOOL AGE.

*Expectant and nursing mothers.*—There are 86 ante-natal clinics at which 9,533 mothers made 43,025 attendances and 24 post-natal clinics at which 1,090 mothers made 1,641 attendances in 1952.

There was a reduction in the numbers attending of 1,275 at ante-natal and 352 at post-natal clinics, compared with 1951. This is no doubt a consequence partly of the fall in the number of births and partly of the increased attendances at hospital clinics and at clinics run by



general practitioners at their own surgeries. Approximately two-thirds of expectant mothers use the facilities provided by the Council.

More hospitals are now making arrangements for admission of normal cases. Mothers who have been refused a booking for hospital confinement because the medical and social conditions are satisfactory are often able to get a bed by attending the out-patient ante-natal clinic at the hospital.

One or more of the general practitioners in the following areas are known to hold regular ante-natal clinics at their surgeries.—

Billingham, Bishop Auckland, Birtley, Brandon, Consett, Coxhoe, Crook, Durham, Easington Lane, Ferryhill, Haverton Hill, Horden, Jarrow, Lanchester, Rainton Gate, Sacriston, Seaham Harbour, Shildon, South Hylton, Wheatley Hill, Willington, Wolsingham.

As already mentioned they are often assisted at these clinics by the domiciliary midwives. At Hartlepool, the general practitioners run their own ante-natal clinic in local authority premises.

Ante-natal clinics are distributed throughout the county in such a way as best to meet the needs of the population. In some rural areas it is not practicable to hold a session more frequently than once a fortnight, combined with children's sessions on the same day, but this is preferable to no provision at all.

In the ante-natal clinics facilities exist for medical examination of the patients both general and obstetric. Blood samples are taken from all and sent to the appropriate laboratories for serological examination and typing. In the case of expectant mothers who prove to have Rhesus negative blood, family doctors have often shown helpful co-operation by taking the mothers 32-week specimen of blood at the same time as her husband's, the surgery appointment being arranged at a time when the husband is not at work.

The medical officer at the local authority clinic encourages the expectant mother to make arrangements regarding delivery as early as possible in pregnancy.

Unmarried mothers in most cases remain at home and attend the Council's ante-natal clinic. Should there be difficulty about, or objection on the part of the parents to, domiciliary confinement even though the case be obstetrically normal, a hospital booking can usually be secured. In cases of greater difficulty the expectant mother is admitted to a home administered by the Diocesan Moral Welfare Association with the financial aid of the Council or to a similar home of some other agency.

In the clinic an endeavour is made to study the convenience of the mother, bearing in mind the demands of home and children and her husband's working hours. If there is a question of infrequent public transport, an effort is made to arrange her consultations with the medical officer in time to suit the bus departures. An expectant mother can in this way in most cases obtain all essential routine ante-natal care between the third and eighth month more conveniently than by making fortnightly or weekly visits to a hospital some miles distant.

The local authority clinic with its friendly, almost homely atmosphere, and apparent leisureliness has something to give the expectant mother which in the nature of things she cannot obtain in a busy surgery or hospital out-patient department.

Maternity outfits are distributed to all who require them by the district midwives and nurse-midwives (see page 31.)

In addition to mothercraft training at ante-natal clinics, informal talks are given by the health visitors at children's sessions, where mothers attend with a baby, a toddler or a pre-school child. There is no adherence to a fixed course, but the health visitor, using her own discretion and local knowledge, does her best to give the mothers helpful information. When possible she gives practical demonstrations.

At clinics where a mothers' club exists, there is considerable demand for talks on health subjects and the mothers often instruct their secretary to arrange for a local doctor or midwife, a district nurse, or a health visitor to address them. The Senior Welfare Medical Officer has from time to time been requested to give talks on mothercraft and relative subjects to the club members, who were obviously appreciative.

The County centres have over a long period a notable record of proficiency in parentcraft. In south-west Durham especially, mothers and fathers entered for the National Parentcraft competitions year after year and were the recipients of credit and honours certificates for outstanding merit in knitting, sewing, toy-making, rug-making, cookery, written papers on mothercraft and fathercraft. The Bishop Auckland centre won outright after three successful awards, the National Parentcraft Shield in the pre-war days. In the post-war period the Crook centre won a similar shield.

A further encouragement to proficiency is the holding of health days at various centres annually. Displays of parents' work are arranged, the mothers especially submitting beautifully made children's garments, household articles and toys.

Mothers' clubs have been in existence during the past few years at Billingham, Blaydon, Crook, Dunston, Durham, Fishburn, Hebburn, Houghton-le-Spring, Horden, Washington, West Stanley, Wheatley Hill, Willington and Wingate. In most of these places the Local Authority have willingly offered the use of their premises on the evenings requested by the club members.

At these clubs, often held fortnightly, mothers can spend a pleasant evening. The advantages are both educational and recreational. Officials and committees are elected by the mothers themselves with the health visitor in an advisory capacity, and the medical officer and voluntary workers as patrons. Health subjects, mothercraft and housewifery are favourite topics for talks, and the social part of the evening is well catered for by provision of tea and light refreshments. Special celebrations are held on club anniversaries, at Christmas, and when one club entertains the members of another. Individual prowess in special cake-making and table decoration, presentation of original sketches, songs, folk-dancing and games is thus encouraged.

This friendly association of members in different parts of the county is a praiseworthy feature of the movement and has happy reper-

TABLE 5.

(1) PREMATURE INFANTS (*i.e.* 5½ lb. or less at birth, irrespective of period of gestation).—

(a) Total number of premature live births in the area	942	(b) Number of premature live births at home	429
(c) Number of premature live births in *private nursing homes	6		

(2) PREMATURE STILLBIRTHS (*i.e.* 5½ lb. or less, irrespective of period of gestation).—

(a) Total number of premature stillbirths in the area	160	(b) Number of premature stillbirths at home	63
(c) Number of premature stillbirths in private nursing homes	—		

Births at home							Birth weight	Births in private nursing homes and hospitals						
Premature stillbirths	Premature live births							Premature stillbirths	Premature live births					
	Nursed entirely at home					Transferred to hospital			Nursed entirely in nursing homes or hospitals					Transferred to hospital from nursing homes
	Died in first 24 hours	Died on 2nd to 7th day	Died on 8th to 28th day	Survived 28 days	Total				Died in first 24 hours	Died on 2nd to 7th day	Died on 8th to 28th day	Survived 28 days	Total	
5	6	1	—	—	7	6	2 lb. 3 oz. or less (1,000 gms. or less)	—(11)	—(12)	—(2)	—(1)	—(—)	—(15)	—
11	14	3	—	8	25	16	Over 2 lb. 3 oz. up to and including 3 lb. 4 oz. (1,000-1,500 gms.)	—(21)	—(9)	—(10)	—(3)	—(11)	—(33)	—
23	5	5	—	35	45	14	Over 3 lb. 4 oz. up to and including 4 lb. 6 oz. (1,500-2,000 gms.)	—(31)	—(1)	—(6)	—(1)	1(81)	1(89)	—
8	—	4	—	54	58	6	Over 4 lb. 6 oz. up to and including 4 lb. 15 oz. (2,000-2,250 gms.)	—(10)	—(1)	—(1)	—(2)	—(84)	—(88)	—
16	3	3	3	230	239	13	Over 4 lb. 15 oz. up to and including 5 lb. 8 oz. (2,250-2,500 gms.)	—(24)	—(—)	—(1)	—(1)	5(222)	5(224)	—
63	28	16	3	327	374	55	TOTALS	—(97)	—(23)	—(20)	—(8)	6(398)	6(449)	—

\* "Private nursing home" includes nursing homes and maternity homes not in the National Health Service, and Mother and Baby Homes where the women are confined in the Home.

Figures in brackets.—546 premature babies born in maternity homes and hospitals in the National Health Service. In addition 58 infants born in these institutions were not weighed and are not included.





TABLE 6.

ADMINISTRATIVE COUNTY OF DURHAM, 1952—Dental Clinics :—Details of Work Done

(a) Numbers provided with dental care.

CLINIC.	Expectant and Nursing Mothers.				Children under Five.			
	Examined	Needing treatment	Treated	Made dentally fit	Examined	Needing treatment	Treated	Made dentally fit
Bishop Auckland .. .. .	33	33	30	30	41	30	30	30
Durham .. .. .	20	16	16	10	39	36	30	22
Horden .. .. .	6	4	4	4	29	29	28	28
Houghton .. .. .	11	9	9	9	35	35	35	35
Stockton .. .. .	—	—	—	—	25	25	15	14
TOTALS .. .. .	70	62	59	53	169	155	138	129

(b) Forms of Dental treatment provided.

CLINIC.	EXPECTANT AND NURSING MOTHERS.										CHILDREN UNDER FIVE.									
	Extractions	Anaesthetics		Fillings	Scalings or Scaling and Gum treatment	Silver Nitrate Treatment	Dressings	Radiographs	Dentures Provided.		Extractions	Anaesthetics		Fillings	Scalings or Scaling and Gum treatment	Silver Nitrate Treatment	Dressings	Radiographs	Dentures Provided	
		Local	General						Complete	Partial		Local	General						Complete	Partial
Bishop Auckland .. .. .	83	29	—	15	21	—	—	—	—	—	64	—	26	3	3	—	—	—	—	—
Durham .. .. .	23	16	—	—	—	—	—	—	—	—	31	18	—	—	—	34	—	—	—	—
Horden .. .. .	6	4	—	—	—	—	—	—	—	—	24	14	—	—	—	18	—	—	—	—
Houghton .. .. .	11	8	—	1	—	—	—	—	—	—	22	12	—	—	—	26	—	—	—	—
Stockton .. .. .	—	—	—	—	—	—	—	—	—	—	30	3	10	1	—	—	3	—	—	—
TOTALS .. .. .	123	57	—	16	21	—	—	—	—	—	171	47	36	4	3	78	3	—	—	—

NOTE: Facilities for X-ray examinations are available at certain of the hospitals in the County.

Patients requiring dentures are advised to consult private practitioners as there are no facilities available within the maternity and child welfare services.





cussions on family life. The busy mother has always something to look forward to. Enlisting the aid of husband, granny or other relative as baby sitters or child-minders, she can enjoy a whole evening in a carefree way. The atmosphere of the club is such that expectant mothers can join in almost to time of expected delivery without feeling embarrassed.

*Child Welfare.*—The 90 child welfare centres were used by 8,077 infants and 15,912 children at ages of 1-4 years. The numbers attending have shown a slight decrease in each of the last three years as compared with the preceding year.

Children with abnormalities are referred to their general practitioners or, by agreement with them, to paediatricians at hospitals. No consultant clinics are provided by the Council nor has there been any demand for assistance in clinics held by general practitioners in their own premises.

*Care of Premature Infants.*—Equipment for the home nursing of premature infants, including lined "Sorrento" cots, with mattress, blankets, sheets, hot water bottles, etc., gamgee outfits, "Belcroy" feeders is kept centrally and is available at short notice to any midwife who requires it. The midwife attends the premature baby very frequently for as long as is necessary.

There are no special hospital units for premature infants but if institutional treatment is considered desirable the general practitioner arranges admission to a paediatric unit. A "moses" basket is provided for transit. Table 5 gives details of premature births during 1952.

*Supply of Dried Milks, etc.*—National dried milk is, by arrangement with the local Food Offices, distributed at some 60 welfare centres. Other brands of milk and nutrients are distributed by the voluntary committees at the centres. Those prescribed on medical grounds are dispensed free.

*Dental Care.*—Dental services are provided by private practitioners on a sessional basis at four centres, at three of which one session is held every fortnight and at the fourth one every month. Emergency treatment for young children is provided in the Excepted area of Stockton-on-Tees by the School Dental Officers. These services are approximately equivalent to one-sixth those of a full-time officer. Patients are referred for dental advice or treatment by the welfare medical officers but systematic dental inspection of expectant and nursing mothers or young children by a dental officer is not attempted and no special provision is made for supplying dentures. It is fully realised that the services provided are inadequate. Details of the work done during 1952 are given in Table 6. The County Council on the 5th November, 1952, approved a recommendation that the aim for 1953-54 should be to increase the staff to 17 whole-time school dental officers and one part-time officer and that the equivalent of the services of one whole-time officer should be devoted to the treatment of expectant and nursing mothers and young children. The number of dental officers who can be employed is limited by the premises available and further expansion cannot take place until new premises are provided or other premises are acquired and adapted. It is further recommended in the report that the establishment should be ultimately increased to not

less than 26 whole-time dental officers and this establishment would make available additional services for expectant and nursing mothers and young children. It is desirable that these services should be provided by the appointment of whole-time officers but if suitable candidates for whole-time posts are not forthcoming efforts must be made to obtain the services of dental practitioners willing to undertake part-time work and this latter method may be used to augment the Maternity and Child Welfare Service as proposed above in the recommendations for 1953-54.

It is suggested that all dentures required by expectant or nursing mothers who elect to receive dental treatment through the Maternity and Child Welfare Service should, for the present, be supplied (a) by the dentists giving part-time service under an arrangement analogous to that applicable in hospitals under Circular H.M.C. 52(66), or (b) by mechanics working for the profession and supplying their own materials, all chair-side work being carried out by the dental officer. The establishment of a dental laboratory and the appointment of a full-time technician may be justified later, when the service has expanded.

*Other Provision.*—The Council's Peile Home provides convalescent care for nursing mothers with babies under six months and for children of 1-4 years of age. Cases are recommended by the welfare medical officers and are admitted at a nominal charge.

The following statement gives the attendances of mothers from the county maternity and child welfare area at centres outside the area.

	<i>Mothers.</i>	<i>Attendances.</i>
Darlington .....	127	428
Gateshead .....	63	214
South Shields .....	15	24
Sunderland .....	59	219
West Hartlepool .....	40	156
Yarm and Eaglescliffe .....	152	487
Totals	<u>456</u>	<u>1,528</u>

*Ante-Natal Clinics.*—Abnormal conditions found at ante-natal examinations.—

Anaemia	1,015	Albuminuria plus raised	
Dyspepsia	211	blood pressure	167
Dental caries	1,841	Albuminuria	162
Cardiac (a) Functional	326	Venereal disease	21
(b) Organic	162	Varicose veins	1,617
Placenta praevia	11	Haemorrhoids	623
Respiratory disease	141	Constipation	2,040
Tuberculosis	61	Toxic ante-partum	
Raised blood pressure	622	haemorrhage	49
Nephritis	10	Some degree of pelvic	
Chronic nephritis	9	contraction (a) Minor	219
Non-venereal discharges	1,266	(b) Major	42
Persistent vomiting	406	Other conditions	752
Malpresentation			
(a) Rectified	243		
(b) Persistent	53		



TABLE OF ATTENDANCES OF MOTHERS AND INFANTS AT CHILD WELFARE CENTRES

[illegible]

† Re-opened 9.10.52.





*Post-Natal Clinics.*—Table 8 shows the numbers on the books and the attendances made. In addition to 1,090 mothers who attended the special sessions, 249 were examined post-natally at ante-natal clinics.

*Birth Control Clinics.*—Advice was given at 22 centres and Table 9 shows numbers and attendances made during the year. The numbers attending increased by 6 to 1,552 and the attendances by 289 to 2,778.

The following is an analysis of some features of 9,047 of the cases attending the ante-natal clinics.

*Duration of Pregnancy at first attendance.*

Under 3 months	.....	.....	.....	.....	.....	1,666
3-6 months	.....	.....	.....	.....	.....	4,950
6-9 months	.....	.....	.....	.....	.....	2,431
					Total	<u>9,047</u>

### Age of Patients.

Under 20 years	.....	.....	.....	.....	.....	602
20-25 years	.....	.....	.....	.....	.....	3,549
26-30 years	.....	.....	.....	.....	.....	2,738
31-35 years	.....	.....	.....	.....	.....	1,433
36-40 years	.....	.....	.....	.....	.....	596
41-45 years	.....	.....	.....	.....	.....	128
46-50 years	.....	.....	.....	.....	.....	1
				Total	.....	<u>9,047</u>

## Number of Pregnancy.

1	2	3	4	5	6	7	8	9	10	11	12	13	14
3,316	2,769	1,500	730	352	172	70	52	32	19	26	4	3	2
Total.—9,047													

### Health of Mothers.

Poor	Moderate	Good.	Total.
316	1,748	6,983	9,047

### Nature of Confinement.

(a)	Normal	..	.....		5,580
(b)	Abnormal				
	Instrumental	.	.....	225	
	Induction	...	.....	61	
	Caesarian	.....	.....	86	
	Malpresentation	.....	.....	86	
	Other abnormalities	.....	.....	39	
	A. P. haemorrhage	.....	.....	63	
	P. P. haemorrhage	.....	.....	52	
	Prolonged labour				
	Disproportion	.....	.....	6	
	Inertia	.....	.....	9	
	Died undelivered	.....	.....	8	
				<hr/>	635
	Left district	.....	.....	214	
	Not yet delivered	.....	.....	2,618	
				<hr/>	2,832
				<hr/>	9,047

*Results.*

Full time live births	5,758	
Full time still births	87	
Premature live births	261	
Premature still births	66	
Abortions	107	
Died undelivered	8	
	<hr/>	6,287
Left district	214	
Not yet delivered	2,618	
	<hr/>	2,832
		<hr/>
		<u>*9,119</u>

\* includes 70 twins. 1 set of triplets.

*Place of confinement.*

(a) In hospitals		3,122
(b) At home		
Midwife	2,570	
Doctor & Midwife	440	
B.B.A.	85	
	<hr/>	3,095
Left district	214	
Not yet delivered	2,618	
	<hr/>	2,832
		<hr/>
		<u>†9,049</u>

† Total includes two sets of twins.—

- (1) 1 child B.B.A. and one in hospital.
- (2) 1 child at home and one in hospital



Area No. 1.		ances	Register	ances	Area No. 6.		ances	Register
Blydon & Winlaton	.....	40	30	189	*Crook	.....	—	—
Chopwell	.....	28	23	49	Willington	.....	17	23
Dunston	.....	121	47	66			17	23
*Ryton	.....	—	—	49				
Area No. 2.			100		Area No. 7.			
Felling	.....				Brandon	.....	35	45
Hebburn	.....		34		Coxhoe	.....	38	43
† Jarrow—Walter Street	.....		32		Durham	.....	79	150
			19				152	238
Area No. 3.			85		Area No. 8.			
Consett	.....				Easington	.....	27	28
West Stanley & South Moor	.....		31		Murton	.....	75	108
			24		Seaham Harbour	.....	62	70
			55		*Wingate	.....	—	—
							164	206
Area No. 4.					Area No. 10.			
Birtley	.....		12		Bishop Auckland	.....	137	170
Chester-le-Street	.....		45		*Coundon	.....	—	—
† Sacriston	.....		6		Spennymoor	.....	63	65
					*West Auckland	.....	—	—
			63				200	235
Area No. 5.					Area No. 11.			
Hetton	.....		53		Billingham	.....	85	113
Houghton-le-Spring	.....		44					
Washington	.....		72					
			169		TOTALS	.....	1090	1641

\* Coundon, Crook, Ryton, West Auckland and Wingate closed January.

† Walter Street Jarrow, opened January.

‡ Sacriston opened July.

TABLE 9.

BIRTH CONTROL CLINICS.—No. on Books and Attendances, 1952.

<i>Area No. 1.</i>		<i>No. on Register</i>	<i>Attendances</i>	<i>Area No. 7.</i>		<i>No. on Register</i>	<i>Attendances</i>
Blaydon & Winlaton	.....	164	293	Coxhoe	.....	26	44
Chopwell	.....	30	36	Durham	.....	123	219
Dunston	.....	57	137			149	263
		251	466				
<i>Area No. 2.</i>				<i>Area No. 8.</i>			
Felling	.....	55	65	Easington	.....	23	26
Jarrow (Walter Street)	.....	89	173	Murton	.....	40	62
		144	238	Seaham Harbour	.....	41	59
				*Wingate	.....	—	—
<i>Area No. 3.</i>				<i>Area No. 10.</i>			
Consett	.....	142	284	Bishop Auckland	.....	170	354
West Stanley & South Moor	.....	99	181	Spennymoor	.....	42	94
		241	465			212	448
<i>Area No. 4.</i>				<i>Area No. 11.</i>			
Birtley	.....	53	82	Billingham	.....	41	70
Chester-le-Street	.....	107	191	Hartlepool	.....	109	201
†Sacrison	.....	23	38			150	271
		183	311				
<i>Area No. 5.</i>							
Hetton	.....	34	45				
Houghton-le-Spring	.....	50	69				
Washington	.....	34	55				
		118	169				
				TOTALS	.....	1552	2778

TABLE 10.  
ARTIFICIAL SUNLIGHT CLINICS, 1952.

CENTRE	NO. ON BOOKS FROM 1.1.52	ATTENDANCES	AVERAGE ATTENDANCE PER SESSION	NO. OF SESSIONS HELD
Area No. 1. Blaydon Blaydon (Kromayer Lamp) Chopwell Dunston	221 14 76 178	2853 110 729 1814	29 1 8 18	98 98 86 99
	489	5506	19	381
Area No. 2. Felling Hebburn Jarrow	194 205 227	2122 2451 1911	24 25 20	90 99 98
	626	6484	23	287
Area No. 3. Annfield Plain Consett West Stanley	71 106 126	705 1145 1583	10 12 21	70 98 75
	303	3433	14	243
Area No. 4. Birtley Chester-le-Street	84 139	1237 2080	12 21	100 98
	223	3317	17	198
Area No. 5. Baldon Hetton Houghton-le-Spring Silsworth Washington	67 143 185 127 204	709 1991 2192 1035 2289	7 22 22 14 23	100 90 98 74 98
	726	8219	18	460

CENTRE	NO. ON BOOKS FROM 1.1.52	ATTENDANCES	AVERAGE ATTENDANCE PER SESSION	NO. OF SESSIONS HELD
Area No. 6. Crook	119	1516	15	100
Area No. 7. Coxhoe Durham	135 231	2110 3115	21 32	100 98
	366	5225	26	198
Area No. 8. Horden Murton Seaham Harbour *Shotton Wheatley Hill Wingate	179 59 174 15 114 85	2366 591 2228 136 2471 1560	24 6 23 9 25 16	98 100 99 15 99 97
	626	9352	18	508
Area No. 10. Bishop Auckland Shildon Spennymoor	137 140 142	1829 2044 1856	19 21 19	98 97 100
	419	5729	19	295
Area No. 11. Billingham *Ferryhill Hartlepool Frederic Street	244 39 27	3626 282 206	36 19 5	100 15 43
	310	4114	26	158
Area No. 12. Norton Road	101	1472	15	98
TOTALS	4308	51367	19	2926

\* Re-opened November.



*Artificial Sunlight Clinics.*—Treatment was available at 32 centres. Attendances decreased by 4,321 to 54,367 and numbers attending by 511 to 4,308. Details are shown in Table 10.

*E. F. Peile Home, Shotley Bridge.*—This convalescent home for mothers and babies is administered by the County Council. During the year 117 mothers, 125 babies and 219 children were admitted. The average duration of stay of these cases was 19 days for mothers and babies and 25 days for children.

Dental treatment was provided at the Home as follows.—

No. of sessions	19
Attendances made by mothers	93
Attendances made by children	196
Extractions for mothers	2
Scalings for mothers	19
Examinations for mothers	93
Examinations for children	196
Denture adjusted for mother	1

*Nurseries.*—Table 11 shows the accommodation available in each nursery together with the average daily attendances. The raising of the fees on 1st December resulted in a reduction in the numbers of mothers using the nurseries.

TABLE 11.

*Day Nurseries.*—

Nursery.	Number of Places	Average Attendances.
Haverton Hill .....	40	34
Hebburn .....	80	62
Stockton.—		
(a) Durham Road	60	44
(b) Lorne Terrace	30	26
(c) Norton Road ..	60	43

*Cases of Squint.*—Treatment was provided for 188 cases compared with 212 in 1951.

*County Federation of Voluntary Workers.*—Five meetings were held during the year.

*Homes or Hostels for Unmarried Mothers and their Babies.*—A Hostel at Ramside, Belmont, near Durham, and St. Monnica's Home at Bishop Auckland, (closed in May), for unmarried mothers and their babies, are administered by the Durham Diocesan Moral Welfare Association, the County Council making grants annually towards their maintenance. Table 12 gives certain information in connection with these institutions.



TABLE 12.

NAME.	Admiss- ions	Beds	Matern- ity Beds	Labour Beds	Cots	Average Length	
						Ante-Natal	P
* St. Monnica's Home Bishop Auckland	6	10	10	2	10	1 month	2
Ramside Hostel near Durham	51	16	—	—	16	7 weeks	11

\*Closed May.

### DOMICILIARY MIDWIFERY.

The proposals of the County Council under Section 23 of the National Health Service Act, 1946, originally approved by the Minister of Health on the 20th May, 1948, were amended on the 15th August, 1952 by the substitution of the following for Part III of the original proposals.

#### PART III.

##### DEVELOPMENT PLAN.

The arrangements made with the Durham County Nursing Association who have acted as agents for the Local Health Authority for the provision of a Domiciliary Midwifery Service in that part of the area not covered by a direct service will be terminated and as soon as can be arranged the Local Health Authority will provide the service directly, employing the same numbers of midwives and nurse-midwives as are employed under arrangements described in Part II of these proposals. The Local Health Authority will seek to engage the services of the nurse-midwives employed by the County Nursing Association.

The Local Health Authority may vary the numbers of midwives and nurse-midwives employed (a) if the demand upon the services changes substantially or (b) if the authority considers it desirable and practicable to separate the services of Home Nursing and Midwifery in any area of the County.

In places lying on either side of the common boundaries of the area of the Local Health Authority and the areas of adjacent Local Health Authorities, it will be open to the Local Health Authority to arrange, where it is administratively convenient, for the service of midwifery to be carried on either by themselves or by arrangement with the adjacent Local Health Authorities on terms to be agreed.

The Local Health Authority will employ directly a non-medical supervisor of midwives with two deputies and one assistant who will supervise the work of all midwives who are in practice in the area of the Local Supervising Authority.

It is proposed that a service of cars be provided in conjunction with the ambulance service which may, subject to conditions to be determined from time to time by the County Council, be used by midwives and nurse-midwives.

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In part of the administrative county, principally the urbanised areas, this service is provided by whole-time midwives employed directly by the County Council, together with a small number (8) of midwives in independent practice. In the rest of the county, principally the rural areas, it is provided under an agency arrangement by district and village nurse-midwives employed by the County Nursing Association.

The Senior Welfare Medical Officer is the medical supervisor. The non-medical supervisor with (at present) one assistant supervises the directly employed and independent midwives, and, for the supervision of the district and village nurse-midwives, is assisted by the Superintendent of the Nursing Association and her assistant who are appropriately qualified. All the county midwives have been trained in the administration of analgesia ; all but one have succeeded in obtaining the necessary qualification and are provided with the apparatus. Of 56 district and village nurse-midwives 54 have been trained and have apparatus. In only about one-third of domiciliary cases is gas and air administered.

Expectant mothers who book a midwife are advised to attend the nearest ante-natal clinic of the Council and are visited by the midwife in their homes each month until the eighth month and thereafter weekly. More frequent visits are paid if necessary. Mothers are given instruction regarding preparation for the confinement. Co-operation with general medical practitioners appears to be improving with the growing realisation by each service of the complementary function of the other.

Cases in which hospital confinement is considered desirable on social grounds are referred to the Health Department by the midwife or general practitioner. Where appropriate, an agreed form of inquiry is completed by the health visitor, and sent to the consultant obstetrician. If after consideration he is able to accept the case, a booking is arranged. If he cannot, an endeavour is made to secure a place in another maternity hospital.

Under an arrangement with the Newcastle General Hospital midwives are sent in rotation for a month's post-graduate training. Only about eight midwives, however, can be accepted each year. Lectures on special subjects are arranged by the Local Supervising Authority and given in March each year to all midwives practising in the county. No pupil midwives have yet received training in the county, but arrangements have been completed to enable Part II training to commence in association with one maternity hospital in north-west Durham.

The following is a brief statement on the numbers of cases attended by district midwives and district nurse-midwives and midwives in private practice during 1952.

TABLE 13.

Type of Case	No. attended by		Mid-wives in Private Practice	Total.
	District Midwives	District Nurse-Midwives		
Midwifery .....	5,246	1,062	16	6,324
Maternity .....	1,669	672	61	2,402
Discharges from hospital before 14th day ..	1,233	278	—	1,511
Abortions and miscarriages	237	91	—	328

The total number of midwives who gave notice of intention to practise in the administrative county during the year was 324, which included County Council wholtime midwives (146), district nurse-midwives (71), midwives employed in hospitals (99) and those engaged in private practice (8). At the end of the year 127 wholtime domiciliary midwives were employed by the County Council and 56 district nurse-midwives by the County Nursing Association. Owing to the decreasing birth-rate and to the increasing number of hospital confinements it has not been necessary to fill some of the vacancies created by retirements or to attempt to make new appointments to reach the full establishment of 171 directly employed wholtime domiciliary midwives.

County midwives are instructed to travel in the ambulance with any patient being conveyed to hospital when in labour.

The midwives requisitioned medical help on 1,469 occasions, and the following statement gives particulars as to the reasons for so doing.—

1. Ante-natal examination—general	7
2. Ante-natal examination—possible venereal disease	1
3. Ante-natal examination—albuminuria	43
4. Eclampsia, fits, convulsions—maternal	2
5. Miscarriage	95
6. Threatened miscarriage	71
7. Ante-partum haemorrhage	77
8. Post-partum haemorrhage	52
9. Placenta praevia	4
10. Retained or adherent placenta or membranes	55
11. Contracted pelvis, disproportion between child and pelvic outlet	10
12. Malpresentation	59
13. Prolonged or delayed labour, uterine inertia	198
14. Mammary inflammation, varicose veins, cardiac weakness, weakness during puerperium, etc.	41



15.	Stillbirth	.....	.....	.....	4
16.	Ruptured perineum	.....	.....	.....	461
17.	Premature birth	.....	.....	.....	34
18.	Rise in temperature	.....	.....	.....	54
19.	Mental condition during pregnancy and parturition				2
20.	Feebleness of child. Illness of child	.....	.....		73
21.	Phimosis, tongue tie, suspicious eruptions on skin of baby, and umbilical conditions			.....	14
22.	Marked congenital malformation	.....	.....	.....	18
23.	Inflammation of child's eyes	.....	.....	.....	31
24.	Condition of mother ill-defined	.....	.....	.....	10
25.	Condition of baby ill-defined	.....	.....	.....	4
26.	Midwife in attendance at another case	.....	.....		2
27.	Precipitate labour	.....	.....	.....	1
28.	Other conditions	.....	.....	.....	52

In addition to the notifications of sending for medical help, the following notifications were received from midwives.—

Stillbirths	.....	.....	.....	112
Death of mother	.....	.....	.....	8
Death of child	.....	.....	.....	63
Artificial feeding	.....	.....	.....	400
Laying out the dead	.....	.....	.....	12
Liability to be a source of infection	.....	.....	.....	80

With regard to the 54 cases in which medical help was requisitioned on account of rise of temperature, 7 were subsequently notified as puerperal pyrexia, but none of these received in-patient hospital treatment.

Of the 31 cases of inflammation of the eyes, 6 were notified as ophthalmia neonatorum, but no cases were admitted to hospital for treatment.

Maternity outfits are available free of charge for all domiciliary confinements and the number issued during the year was 7,529.

At the end of the year 126 wholetime midwives and 54 nurse-midwives had received the necessary training in gas and air analgesia and 180 had been supplied with the necessary apparatus. The number of cases in which gas and air was administered was 3,036.

#### MATERNAL MORTALITY.

Table 14 gives the maternal mortality rate in the administrative county during the past ten years.—



TABLE 14.

ADMINISTRATIVE COUNTY OF DURHAM.—Maternal Mortality—  
1943-1952.

Year	Births Regis- tered (Live and Still)	Deaths from Puer- peral Sepsis	Rate Per 1,000 births Regis- tered	Deaths from other accidents and diseases of pregnancy and parturition.	Rate per 1,000 births Regis- tered	Total Maternal Mortality Rate per 1,000 births registered
1943	15,631	11	0.70	48	3.07	3.77
1944	17,730	16	0.90	29	1.64	2.54
1945	16,202	8	0.49	37	2.28	2.78
1946	19,047	9	0.47	41	2.15	2.62
1947	19,864	3	0.16	40	2.01	2.16
1948	18,254	3	0.16	21	1.15	1.31
1949	17,307	4	0.23	17	0.98	1.21
1950	16,565	4	0.24	15	0.91	1.15
1951	16,216	4	0.25	18	1.11	1.36
1952	15,984	3	0.19	14	0.88	1.06

For the purpose of the Ministry of Health inquiry 17 maternal deaths were investigated during the year.

The following is an analysis of some features of these.—

## Ages—

20-29 .....	6
30-39 .....	8
40-50 .....	3

## Parity

1	2	3	4	5	6	7	8	9	10	11
7	—	3	4	1	—	1	—	—	—	1

*Ante-Natal Care.*

None .....	3
Doctor .....	5
Midwife and Ante-natal clinic .....	4
Hospital .....	5

*Health during ante-natal period.*

Good .....	4
Pre-existing disease .....	13

*Causes of death.*

Cardiac disease .....	6
Thrombophlebitis .....	2
Pneumonia .....	1
Toxaemia .....	4
P.P.H. ....	2
Cerebral haemorrhage .....	2

*Results.*

Full time live births	7
Premature live births (one twin)	3
Premature still-births	3
Undelivered	4

## PUERPERAL PYREXIA.

During the year there were 107 confirmed cases of puerperal pyrexia compared with 56 cases in 1951 and 3 deaths were registered from puerperal sepsis which is one less than in the previous year.

The considerable increase in the number of cases is due to the modifications regarding notification introduced by the Puerperal Pyrexia Regulations, 1951, which came into operation on 1st August, 1951.

According to information supplied by district medical officers of health 26 cases received in-patient treatment.

## OPHTHALMIA NEONATORUM.

TABLE 15.

Cases.				Vision un- im- paired	Vision im- paired	Total Blind- ness.	Re- moved No Report	Deaths	Under treat- ment at end of year
Noti- fied *	Treated								
	At Home	Hospital							
		In- p'tient	Out- p'tient						
20	18	2	—	20	—	—	—	—	—

\* includes four cases not shown in returns by district councils.

The health visitors make careful enquiries into all cases of inflammation of the eyes of newly-born children, and during the year, in addition to the 20 cases notified as ophthalmia neonatorum, they reported 306 such cases to which they paid 710 home visits.

The following details have been abstracted regarding these cases.—

*Treatment.*

No. of cases treated by own doctor	207
No. of cases treated by own doctor and district nurse	—
No special treatment	99

*Hospital Treatment.*

In-patients	1
Out-patients	13

*Results.*

Vision unimpaired	.....	303
Under treatment at the end of the year	.....	3

The cases receiving treatment at the end of 1951 cleared up satisfactorily.

## HEALTH VISITING.

In addition to the routine care of expectant and nursing mothers and young children, the health visitors undertake all school work including cleanliness surveys, assistance at school medical inspections, the follow-up of physically handicapped and educationally subnormal children, the completion of reports on children requiring examination by the educational psychologist, follow-up of children discharged from hospital, and escorting of children to and from special schools.

*Mental Deficiency.*—Health visitors undertake ascertainment and statutory supervision of mental defectives.

*Tuberculosis.*—They maintain domiciliary supervision of notified cases of tuberculosis, attend chest clinics and B.C.G. vaccination clinics, and arrange the medical examination of contacts.

*After-Care.*—Visits are paid at the request of hospital almoners to patients over school age who have been discharged from hospital. Reports are furnished to the almoners and the health visitor continues to visit and advise as long as necessary. Visits are also paid to patients who require assistance under the Council's arrangement for the prevention of illness, care and after-care.

*Prevention of Blindness.*—Periodic visits are paid to partially sighted persons.

*Training of Health Visitors.*—The County of Durham Board for the Training of Health Visitors organises a seven month's course annually. The agreement with the student is for eighteen months including the training period. The salary paid is at the rate of three quarters of the minimum salary of a health visitor on the Whitley Council Scale. Two of the 11 students in training failed at the first examination but were successful later.

*Refresher Courses.*—Health visitors are given the opportunity of attending refresher courses of two weeks duration at five-yearly intervals.

*Notifications of Births.*—During the year 16,202 live births and 347 stillbirths were notified, the number registered being 15,575 and 409 respectively. Of the notified births, 8,354 were reported by doctors and midwives and 8,195 by maternity homes and hospitals. The health visitors paid first visits to 15,747 infants at home.

*Save the Children Fund.*—This scheme has been discontinued and no children received gifts from the Fund during the year.

*Summary of Work done by Health Visitors.*—The work of the health visitors during the year is summarised in Table 16.

TABLE 16.  
DOMICILIARY VISITS.

*Maternity and Child Welfare.*—

Ante-Natal First visits	.....	3,897
Revisits	.....	1,786
Births First visits	.....	15,747
Revisits to children under 1 year	.....	38,292
"    "    "    1—2 years	.....	34,355
"    "    "    2—3    "	.....	32,235
"    "    "    3—4    "	.....	31,273
"    "    "    4—5    "	.....	38,867
"    "    "    5—6    "	.....	796
Visits to Myopia cases	.....	5
Other visits	.....	2,310
Total	.....	199,563

*Tuberculosis.*—

First visits	.....	1,434
Revisits	.....	18,418
Other visits	.....	1,477
Total	.....	21,329

*School Work.*—

School Children (Home visits)	.....	19,630
do. (School visits)	.....	1,668
Total	.....	21,298

*General Health.*—

Visits	.....	1,038
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*Mental Deficiency.*—

Visits paid to mentally defective persons	.....	6,773
Ineffective visits	.....	28,935
Total number of visits	.....	278,936
Number of effective visits	.....	250,001
Time (as days) spent on visits (routine, other and ineffective)	.....	11,364
Average daily number of effective visits per health visitor	.....	22

*Clinic, Etc., Work.*—

Time (as days) spent.—		
(a) at M. & C.W. centres	.....	8,875
(b) at chest clinics and contact sessions	.....	1,117
(c) at school head to head inspections	.....	474
(d) at school clinics	.....	114
(e) conducting children to special schools	.....	120
(f) assisting with school medical inspection	.....	258

Cases reported to district Medical Officers of Health.—

Overcrowding	.....	252
Sanitary defects	.....	219



## HOME NURSING.

The proposals of the County Council under Section 25 of the National Health Service Act, 1946, originally approved by the Ministry of Health on the 20th May, 1948, and subsequently amended on the 13th October, 1950, were further amended on the 15th August, 1952 as follows.—

## SUBSTITUTE AMENDED PARA. 4.

4. In places lying on either side of the common boundaries of the area of the Local Health Authority and the areas of adjacent Local Health Authorities, it will be open to the Local Health Authority to arrange, where it is administratively convenient, for the service of home nursing to be carried on either through the County Nursing Association or by arrangement with the adjacent Local Health Authorities on terms to be agreed.

## SUBSTITUTE AMENDED PART III.

## PART III.

## DEVELOPMENT PLAN.

The arrangements with the Durham County Nursing Association who have acted as agents for the Local Health Authority for the provision of a Home Nursing Service in the Authority's area will be terminated and as soon as can be arranged the Local Health Authority will provide the service directly employing 171 nurses, of whom 77 may also be midwives. The Local Health Authority will seek to engage the services of all home nurses and nurse-midwives employed by the County Nursing Association.

The Local Health Authority may vary the numbers of nurses and nurse-midwives employed (a) if the demand upon the service changes substantially, or (b) if the authority consider it desirable and practicable to separate the service of District Nursing from that of Midwifery in any area of the County.

The Local Health Authority will employ a superintendent of nurses, with one deputy and one assistant, who will be responsible to the County Medical Officer of Health.

The Local Authority will provide facilities for the training of home nurses.

In places lying on either side of the common boundaries of the area of the Local Health Authority and the areas of adjacent Local Health Authorities, it will be open to the Local Health Authority to arrange, where it is administratively convenient, for the services of home nursing to be carried on either by themselves or by arrangements with the adjacent Local Health Authorities on terms to be agreed.

It is proposed that a service of cars be provided in conjunction with the ambulance service which may, subject to conditions to be determined from time to time by the County Council, be used by nurses.

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The Home Nursing Service is provided by the Durham County Nursing Association under an agency arrangement. The district nurses are supervised by the Superintendent, her deputy, and an assistant.

All district nurses are instructed to notify the local general practitioners of their addresses and telephone numbers, and the practitioner communicates with the nurse direct, by telephone or by written message. Message sheets to the doctor are left in home nursing envelopes at each house giving reports on the treatment carried out and providing for instructions by the doctor to the nurse regarding any change of treatment or other matter.

Hospital almoners are provided with the names, addresses, and telephone numbers, of district nurses. Information regarding the discharge from hospital of patients who may require home nursing may reach the nurse directly or through the patient's general medical practitioner. It does not reach her in some cases without delay even when home nursing is necessary. An endeavour is being made to improve this link through the agency of the Liaison Committee. A night nursing service is not normally provided. Close co-operation exists between nurses and the health visiting and domestic help services.

No refresher courses were provided in 1952.

Four candidates were accepted for district training and succeeded in passing the examination at the Stockton Training Home.

The following table gives details of staff and work done during 1952.—

TABLE 17.

Year	Staff		New patients	Visits		
	Whole time.	Part-time.		On district.	Casual	Nurses clinics.
1951	95	67	17,569	362,950	13,791	10,110
1952	94	62	*19,716	392,526	12,374	12,348

\* These cases comprise.—General medical 9,351 ; General surgical 10,136 ; tuberculosis—(medical) 178 (surgical) 51.

#### VACCINATION AND IMMUNISATION.

The proposals of the County Council under Section 26 of the National Health Service Act, 1946, originally approved by the Minister of Health on the 23rd March, 1948 were amended on the 30th July, 1952, by the addition of the following new section.—

##### E. WHOOPING COUGH.

It is proposed to make such arrangements for immunisation against whooping cough as may be considered expedient having regard to the advice of the Medical Officer of Health, who will be responsible for deciding the antigen(s) to be used and for keeping records directed towards assessing the value of this form of inoculation.

Letters from the Health Department are sent to parents when their children attain the age of three months advising them of the advantages of infant vaccination.

A leaflet is sent by post to parents of children attaining the age of eight months drawing attention to the need for diphtheria immunisation and giving details of places where immunisation is undertaken. This leaflet is followed up by a first Birthday Greetings Card if the child has not been immunised before reaching its first birthday.

Details in respect of all children vaccinated and immunised are supplied to health visitors to enable them to visit and advise in respect of those children not so protected, while the assistant welfare medical officers give similar advice at child welfare centres. The assistant welfare medical officers undertake approximately 40% of all immunisations.

Parents of children attaining the age of 4 years 9 months are again advised by leaflet to have their children immunised before commencing school. Leaflets are periodically distributed in schools with the co-operation of the Education Department and sessions are held at schools for the children to receive further reinforcing injections.

The County Council scheme under Section 26 of the National Health Service Act, 1946, has been amended to include immunisation against whooping cough, but so far no general immunisation has been undertaken as an approved antigen is not yet available.

The total number of cases vaccinated and re-vaccinated was 4,509 which is a decrease of 515 compared with 1951. The number of cases who received primary immunisation was 11,547 which is an increase of 1,357 compared with the previous year ; while the number of cases who received re-inforcing injections increased from 5,700 in 1951 to 9,781 in 1952.

Tables 18 and 19 give details of the numbers vaccinated and immunised in the county.

#### AMBULANCE SERVICE.

As will be seen from the statistics in Table 20 the service has carried 293,448 cases and covered 2,268,166 miles during the year ; an increase of 83,436 cases and 138,581 miles compared with 1951. As in previous years, the increase in the work has arisen primarily from the continued demand for the daily transport of "treatment" cases to and from hospitals.

It is felt that the demand is not a true indication of the need of ambulance transport in that many patients are conveyed by ambulance who, it would appear, could well make use of the public transport services. In this respect, however, the service has no absolute control over demand, this resting largely with the hospitals and medical practitioners. It was anticipated that Ministry of Health Circular 30/51 would bring about an appreciable economy in the demand on the service, but the evidence is to the contrary inasmuch as neither hospitals nor doctors appear to be exercising the discrimination advocated in that circular. Early in the year the position was so acute that the County Council was compelled to restrict the carrying of relatives or friends of out-patients except where the patient was a very young child or a blind or deaf person ; or where it was considered specially necessary on medical grounds.



TABLE 18.

ADMINISTRATIVE COUNTY OF DURHAM.—Number of Persons Vaccinated or Re-vaccinated for which records were received during the year 1952.

District.	VACCINATED Age at date of Vaccination.					RE-VACCINATED Age at date of Re-vaccination.						
	Under 1	1	2 to 4	5 to 14	15 or over	Total	Under 1	1	2 to 4	5 to 14	15 or over	Total
<i>Area No. 1.</i> Blaydon U.D. Ryton U.D. Whickham U.D.	64 53 134	1 — 4	3 1 3	3 4 —	15 6 15	86 64 156	— — —	— — —	— — 2	— — —	22 12 20	22 12 22
<i>Area No. 2.</i> Jarrow M.B. Felling U.D. Hebburn U.D.	128 91 152	4 6 5	3 2 6	5 3 5	12 13 13	152 115 181	— — —	— — —	2 — —	1 1 1	23 13 25	26 14 26
<i>Area No. 3.</i> Consett U.D. Stanley U.D. Lanchester R.D.	98 172 30	2 6 1	5 2 —	7 5 2	31 33 11	143 218 44	— — —	— — —	— 3 —	2 5 —	64 25 13	66 33 13
<i>Area No. 4.</i> Chester-le-Street U.D. Chester-le-Street R.D.	44 82	2 1	1 4	— 9	5 13	52 109	— —	— —	1 2	1 3	2 20	4 25
<i>Area No. 5.</i> Boldon U.D. Hetton U.D. Houghton-le-Spring U.D. Washington U.D. Sunderland R.D.	60 12 49 85 132	3 2 — 1 3	2 2 1 2 1	3 1 3 — —	3 4 8 2 1	71 21 61 90 137	— — — — —	— — — — 1	1 — — — 1	2 — 4 — —	13 6 14 13 13	16 6 18 13 15
<i>Area No. 6.</i> Crook & Willington U.D. Tow Law U.D. Weardale R.D.	56 8 52	2 — 2	2 1 2	2 — 1	3 2 2	65 11 59	— — —	— — —	— — —	— — 5	14 — 11	14 — 16
<i>Area No. 7.</i> Durham M.B. Brandon & Byschottles U.D. Durham R.D.	110 46 85	5 — 3	3 — 1	4 2 5	16 5 14	138 53 108	1 — —	— — —	3 — —	2 1 —	21 16 14	27 17 14
<i>Area No. 8.</i> Seaham U.D. Easington R.D.	73 125	1 4	4 8	— 10	8 34	86 181	— —	— —	2 1	3 2	16 39	21 42
<i>Area No. 9.</i> Barnard Castle U.D. Barnard Castle R.D.	30 93	— 11	— 7	6 1	4 7	40 119	— —	— —	1 —	2 —	7 15	10 15
<i>Area No. 10.</i> Bishop Auckland U.D. Shildon U.D. Spennymoor U.D.	127 56 36	3 2 —	11 4 —	5 3 —	18 3 7	164 68 43	— — —	— — —	3 — 1	1 — 5	20 9 12	24 9 18
<i>Area No. 11.</i> Hartlepool M.B. Billingham U.D. Darlington R.D. Sedgefield R.D. Stockton R.D.	105 111 33 47 28	1 1 3 — —	— 8 1 3 —	1 8 — 2 —	4 20 8 17 3	111 148 45 69 31	— — — — —	— — — — —	— 1 — — —	3 4 — — —	27 26 11 20 12	30 31 11 20 12
<i>Area No. 12.</i> Stockton M.B.	417	7	12	8	48	492	—	1	7	7	101	116
ADMINISTRATIVE COUNTY	3,024	86	105	108	408	3,731	1	2	31	55	689	778





TABLE 20.

## ADMINISTRATIVE COUNTY OF DURHAM.—Ambulance Service — Statistics, 1948-52.

Year	No. of Journeys	OUT-PATIENTS ONLY			GENERAL SERVICE			EMERGENCY SERVICE			TOTALS ALL CASES			Total Mileage	Ambulances	Men
		Stretcher cases	Sitting cases	Total	Stretcher cases	Sitting cases	Total	Stretcher cases	Sitting cases	Total	Stretcher cases	Sitting cases	Total			
*1948	22,989	3,280	17,846	21,126	15,259	23,762	39,021	1,277	—	1,277	16,536	23,762	40,298	552,486	72	118
1949	61,906	7,395	63,463	70,858	29,609	84,995	114,604	2,321	1,428	3,749	31,930	86,423	118,353	1,501,047	92	248
1950	79,896	10,635	89,624	100,259	34,032	120,982	155,014	2,269	2,008	4,277	36,301	122,990	159,291	1,979,681	86	268
†1951	86,429	13,697	128,320	142,017	34,833	163,807	198,640	5,737	5,635	11,372	40,570	169,442	210,012	2,129,585	99	270
†1952	90,243	19,587	199,937	219,524	35,954	239,672	275,626	11,044	6,778	17,822	46,998	246,450	293,448	2,268,166	93	271

\* Half year only.

† Part of the increase in the figures recording the patients carried is due to the revised method of annual costing laid down by the Ministry of Health in Circular 25/51, which became operative on 1st August, 1951.



New depots are in course of construction at Chester-le-Street and New Herrington but no progress has yet been made in respect of new depots for the Crook, Durham, Sedgefield, Stockton and Washington areas, nor in respect of adaptations and extensions planned for the existing depots at Stanley and Wheatley Hill. It is anticipated, however, that these schemes will be started during 1953. The conversion of the premises at South Church was completed towards the end of the year and the personnel and vehicles for the Bishop Auckland unit area were transferred there.

Long distance journeys still continue to be made by the personnel and vehicles at the Lanchester Depot, and, in conjunction with British Railways, an arrangement is now in force for the use of travel warrants for those cases moved by rail.

In connection with the discharge of patients from hospitals in Newcastle upon Tyne, the County Council was very perturbed about the heavy cost arising from the work undertaken by the ambulance vehicles of the Newcastle Corporation in discharging cases into the county area, practically no effort being made to use the 30 or 40 county vehicles which were attending the Newcastle hospitals daily. An agreement was reached for a trial period of six months from November, for county vehicles to participate in the work, and it is hoped that the arrangements will effect a considerable saving in costs.

Of 246 drivers entered for the National Safe Driving Competition for 1952, organised by the Royal Society for the Prevention of Accidents, 216 qualified to receive an award.

#### Organisation.

At the end of the year there were :—

Ambulance controls	9	Headquarters staff	13
Ambulance depots	19	Clerk-telephonists	30
Ambulances	93	Driver-attendants	271
Sitting-case cars	2	Mechanics	4
Breakdown vehicle	1		

(a) *Controls*.—For operational purposes the drivers and vehicles are grouped in 17 unit areas, and these areas are in turn further grouped into 9 control areas (for details of grouping see Table 21). Seven of the controls are under the direct jurisdiction of the County Council, while two—Darlington and West Hartlepool—act as agent-controls in the scheme. Each control is continuously manned to receive calls for ambulance transport and transmit the necessary instructions to the head driver in the appropriate unit area. Each unit area has an emergency-duty ambulance available day and night while the rest of the vehicles operate in the general service during the day.

(b) *Depots*.—The number of depots now in the scheme is 19, comprising 15 main depots, one small coastal depot, and three rural out-stations covering Weardale and Teesdale.

(c) *Vehicles*.—At the end of 1951 there were 99 ambulances and 2 cars. The corresponding numbers at the end of 1952 were 93 and 2, the decrease in the fleet being accounted for as follows :—



	<i>Ambulances</i>	<i>Cars</i>
Number of vehicles at beginning of year	99	2
Unserviceable and withdrawn during year	23	—
	<hr/> 76	<hr/> 2
New ambulances	17	—
	<hr/>	<hr/>
Number of vehicles at end of year	93	2
	<hr/>	<hr/>

During the year 162 vehicles required major repairs and 353 minor repairs.

Orders for a further 18 new ambulances were placed during the year.

(d) *Staff*.—(i) *Headquarters*.—The staff at headquarters was augmented by two additional clerks, and by the appointment of two liaison officers for duty at Newcastle upon Tyne and Sunderland, respectively, for the purpose of co-ordinating the work of the service at the hospitals in these two areas.

(ii) *Controls*.—The seven county controls are continuously manned by male clerk-telephonists working on a shift system. Two additional clerk-telephonists serve as reliefs for the regular men in case of sickness or other emergency absence from duty.

(iii) *Driver Attendants*.—The total number of drivers employed in the service at the end of the year was 271, this being an increase of only one over the figure at the end of 1951. Additional driving staff is being recruited up to the maximum authorised establishment of 286.

(iv) *Mechanics*.—An establishment of six mechanics for repairs, has been approved, and work is undertaken at four repair units at Crook, Durham, Stanley and Wheatley Hill.

#### STATISTICS.

Table 22 gives the detail of the work done by the service throughout the year, and the following is the list of destinations on long distance journeys undertaken by the county vehicles.

Yorkshire	126	Lincolnshire	2
Northumberland	59	Westmorland	2
Cumberland	38	Bedfordshire	1
Cheshire	12	Derbyshire	1
Scotland	10	Kent	1
Buckinghamshire	9	Nottinghamshire	1
Lancashire	8	Oxfordshire	1
Middlesex	6	Staffordshire	1
Shropshire	6	Suffolk	1
Cambridgeshire	5	Warwickshire	1
Wales	3		

Totals : Journeys — 294  
Mileage — 56,956

With four years' experience it is now possible to say that the ambulance service is from a strictly utilitarian point of view making a most useful contribution to the service of the community as a partner with the Police and Fire Services.

A disquieting feature, however, is the continued increase in the number of "treatment" cases attending hospitals. The general opinion of officers and drivers alike is that the service is being misused not only by the patients, but by the medical practitioners and hospital authorities. The following examples, taken at random, will serve to illustrate some of the typical difficulties facing the service in its daily routine.

*Patients.*—These are the sitting-cases, all of whom are armed with a certificate from a medical practitioner requiring ambulance transport to be provided. Typical examples range from those who open the rear doors of the vehicle before the driver can vacate his seat and lower the rear step, leap down, and make their own way into the hospital, to those who are seen in their respective home villages shopping, attending a football match or pursuing some other outdoor activity. A further instance of misuse is the patient who travels to the hospital by ambulance, but returns home by bus to suit his or her convenience.

*Hospitals.*—"Regular" cases are booked for ambulance transport, but when called for it is found that the day of attendance has been changed without the patient or ambulance control being notified, resulting in either wasted mileage or delay in picking up other cases.

Cases are being transported to distant hospitals for *e.g.* radiant heat or massage, yet there are major hospitals on the way which it would be reasonable to assume could give equally efficient treatment. By continuing the treatment the hospital condones the initial misdirection.

Cases are discharged indiscriminately from different wards at different times, very often into the same area ; cases are discharged in the evenings, on Saturdays and Sundays, and even on Bank Holidays, though the hospitals are aware that only the emergency service is functioning.

Very often patients for discharge are not ready when called for. Various reasons are given, such as that relatives are not present, or that the doctor has not yet seen the patient.

In the case of the infectious diseases hospitals the practice of discharging patients by ambulance varies considerably, some insisting upon ambulance transport for all cases and others only troubling the service occasionally.

*Medical Practitioners.*—Doctors frequently appear to exercise little discrimination as to genuine need for ambulance transport. In one instance an 8-year old boy travelled with his mother to have two fingers dressed. In other cases, when a hospital has told a patient, perhaps as part of his treatment, to use public transport, the patient is supplied by the family doctor with subsequent certificates to attend the hospital by ambulance again. A patient sometimes visits the ambulance control, having travelled a fair



distance, to hand in a doctor's certificate authorising ambulance transport. In still other instances it would appear that a certificate is issued only because of the inconvenience of travelling by public transport.

Misuse in the ways mentioned above is substantially a cause of complaints that out-patients are delayed in reaching hospital for treatment and in being returned home, and that discharge cases are not moved until several hours after being notified. At one large hospital in the region not only do the authorities decline to inform the County Council of the details of discharge cases, but the County Liaison Officer has to carry out his duties without shelter or telephone.

Another factor giving rise to delays and general inconvenience in the daily routine of the service is that there are not sufficient vehicles to cope with the demand. The establishment at present is fixed at a maximum of 95 ambulances and 20 cars. The service has never had more than three cars, principally because experience in local circumstances showed that the car, because of its limited accommodation, was not an economical unit. However, a smaller-powered ambulance vehicle (known as a "light transit ambulance") is now coming on the market, and it is hoped to acquire eight of these in 1953. In addition, authority is to be sought to add a further twenty ambulances to the establishment. These additional vehicles should go far to smooth out the existing operational difficulties.

A domestic difficulty has been to secure accommodation for the vehicles, 30% of which are even at this stage without any cover. Plans have been prepared for the building of new stations, of which only two are actually in course of erection. It is hoped that building in the case of five other stations will begin in 1953. The conversion and adaptation of existing premises was, in three instances, completed during the year, and provision is being made for the adaptation and extension of two other premises. This programme, when completed, should ensure reasonable facilities for both men and vehicles.

The number of vehicles off the road daily in need of some form of repair averages 10. The proportion of new vehicles is of course increasing, and this will gradually effect an improvement in the number available for duty. To this end the Council has organised a repair service comprising an establishment of six mechanics manning four repair units furnished with a minimum of necessary tools and equipment, including a breakdown vehicle. For major work, such as re-bores, regrinding of crankshafts, body repairs and repainting, arrangements have been made with the Council's Highways and Bridges Department for an expansion of their central workshops to enable this work to be undertaken.

#### PREVENTION OF ILLNESS, CARE AND AFTER-CARE.

The proposals of the County Council under Section 28 of the National Health Service Act, 1946, originally approved by the Minister of Health on the 22nd April, 1948, have been amended on six occasions since and the following is a copy of the amendments as approved by the Minister on the 14th January and the 10th May, 1952.—

(Under the heading "Mental Illness" delete the existing last paragraph and substitute the following two new paragraphs.)

TABLE 18.

ADMINISTRATIVE COUNTY OF DURHAM.—Number of Persons Vaccinated or Re-vaccinated for which records were received during the year 1952.

District.	VACCINATED					Re-VACCINATED				
	Age at date of Vaccination.					Age at date of Re-vaccination.				
	Under 1	1	2 to 4	5 to 14	15 or over	Under 1	1	2 to 4	5 to 14	15 or over
<i>Area No. 1.</i>										
Blaydon U.D.	64	1	3	3	15	—	—	—	—	22
Ryton U.D.	53	—	1	4	6	—	—	—	—	12
Whickham U.D.	134	4	3	—	15	—	—	2	—	20
<i>Area No. 2.</i>										
Jarrow M.B.	128	4	3	5	12	—	—	2	1	23
Felling U.D.	91	6	2	3	13	—	—	—	1	13
Hebburn U.D.	152	5	6	5	13	—	—	—	1	25
<i>Area No. 3.</i>										
Consett U.D.	98	2	5	7	31	—	—	—	2	64
Stanley U.D.	172	6	2	5	33	—	—	3	5	25
Lanchester R.D.	30	1	—	2	11	—	—	—	—	13
<i>Area No. 4.</i>										
Chester-le-Street U.D.	44	2	1	—	5	—	—	1	1	2
Chester-le-Street R.D.	82	1	4	9	13	—	—	2	3	20
<i>Area No. 5.</i>										
Boldon U.D.	60	3	2	3	3	—	—	1	2	13
Hetton U.D.	12	2	2	1	4	—	—	—	—	6
Houghton-le-Spring U.D.	49	—	1	3	8	—	—	—	4	14
Washington U.D.	85	1	2	—	2	—	—	—	—	13
Sunderland R.D.	132	3	1	—	1	—	1	1	—	13
<i>Area No. 6.</i>										
Crook & Willington U.D.	56	2	2	2	3	—	—	—	—	14
Tow Law U.D.	8	—	1	—	2	—	—	—	—	—
Weardale R.D.	52	2	2	1	2	—	—	—	5	11
<i>Area No. 7.</i>										
Durham M.B.	110	5	3	4	16	1	—	3	2	21
Brandon & Byshottles U.D.	46	—	—	2	5	—	—	—	1	16
Durham R.D.	85	3	1	5	14	—	—	—	—	14
<i>Area No. 8.</i>										
Seaham U.D.	73	1	4	—	8	—	—	2	3	16
Easington R.D.	125	4	8	10	34	—	—	1	2	39
<i>Area No. 9.</i>										
Barnard Castle U.D.	30	—	—	6	4	—	—	1	2	7
Barnard Castle R.D.	93	11	7	1	7	—	—	—	—	15
<i>Area No. 10.</i>										
Bishop Auckland U.D.	127	3	11	5	18	—	—	3	1	20
Shildon U.D.	56	2	4	3	3	—	—	—	—	9
Spennymoor U.D.	36	—	—	—	7	—	—	1	5	12
<i>Area No. 11.</i>										
Hartlepool M.B.	105	1	—	1	4	—	—	—	3	27
Billingham U.D.	111	1	8	8	20	—	—	1	4	26
Darlington R.D.	33	3	1	—	8	—	—	—	—	11
Sedgerfield R.D.	47	—	3	2	17	—	—	—	—	20
Stockton R.D.	28	—	—	—	3	—	—	—	—	12
<i>Area No. 12.</i>										
Stockton M.B.	417	7	12	8	48	—	1	7	7	101
ADMINISTRATIVE COUNTY	3,024	86	105	108	408	1	2	31	55	689
					3,731					778





District.	Live Births Registered.		Number of children who had completed a full course of Immunisation at any time up to 31st December, 1952		Records received during the year of full courses of primary immunisation.			Records received during the year of reinforcing injections
					Under 5	5 - 15	Total	
	1951	1952	Under 5	5 - 15	Under 5	5 - 15	Total	0 - 15
<i>Area No. 1.</i>								
Blaydon U.D.	495	484	1274	3599	329	19	348	230
Ryton U.D.	229	214	573	1591	182	7	189	171
Whickham U.D.	382	360	946	2606	276	28	304	234
<i>Area No. 2.</i>								
Jarrow M.B.	498	564	1344	3944	347	15	362	193
Felling U.D.	442	422	896	1988	221	12	233	150
Hebburn U.D.	446	437	1055	3224	331	25	356	132
<i>Area No. 3.</i>								
Consett U.D.	659	647	1501	4822	409	66	475	397
Stanley U.D.	788	819	1912	6664	636	1161	1797	3705
Lanchester R.D.	239	245	578	1866	133	11	144	76
<i>Area No. 4.</i>								
Chester-le-Street U.D.	286	273	693	1833	211	3	214	136
Chester-le-Street R.D.	700	672	1549	4807	451	50	501	274
<i>Area No. 5.</i>								
Boldon U.D.	299	324	560	2075	248	1	249	58
Hetton U.D.	314	303	482	1879	184	26	210	124
Houghton-le-Spring U.D.	608	579	945	3111	258	10	268	111
Washington U.D.	332	302	791	1937	200	11	211	94
Sunderland R.D.	526	459	895	2324	314	9	323	209
<i>Area No. 6.</i>								
Crook & Willington U.D.	394	420	756	2266	253	31	284	139
Tow Law U.D.	58	79	103	230	42	1	43	17
Weardale R.D.	108	98	308	813	88	15	103	32
<i>Area No. 7.</i>								
Durham M.B.	292	310	676	1591	176	23	199	85
Brandon & Byshottles U.D.	343	340	780	2374	186	11	197	65
Durham R.D.	592	572	953	4111	279	29	308	106
<i>Area No. 8.</i>								
Seaham U.D.	471	461	962	3196	229	8	237	141
Easington R.D.	1468	1423	2916	9143	706	33	739	394
<i>Area No. 9.</i>								
Barnard Castle U.D.	66	70	141	436	50	6	56	41
Barnard Castle R.D.	269	262	564	1782	194	63	257	146
<i>Area No. 10.</i>								
Bishop Auckland U.D.	676	622	1102	3069	300	24	324	158
Shildon U.D.	257	226	443	917	126	11	137	44
Spennymoor U.D.	365	383	650	1689	158	1	159	29
<i>Area No. 11.</i>								
Hartlepool M.B.	389	367	749	1870	171	74	245	115
Billingham U.D.	482	471	1663	3826	404	19	423	1577
Darlington R.D.	206	210	366	1195	140	20	160	46
Sedgefield R.D.	567	614	981	4079	265	306	571	61
Stockton R.D.	158	121	220	192	61	2	63	17
<i>Area No. 12.</i>								
Stockton M.B.	1402	1422	2581	7541	736	122	858	274
Administrative County	15806	15575	32908	98590	9294	2253	11547	9781

The percentage of mid-1952 child population of the Administrative County immunised up to 31st December was  
0 - 5 years, 42% and 5 - 15 years, 70%



The arrangements with the National Association for Mental Health having been terminated by that body, the Local Health Authority propose to appoint their own staff for the after-care of persons suffering from mental illness or mental defect.

The Local Authority may, in accordance with the provisions of Circular No. 5/52 of the Ministry of Health, make arrangements for the short-term care of mental defectives in appropriate cases.

*Tuberculosis* —(a) From the notifications of cases received daily from the district medical officers of health a register of all cases in the administrative county is maintained in the Health Department. The health visitors are kept informed of all new cases so that they may visit and advise.

Particulars of all notified cases are forwarded weekly to the twelve chest clinics in the administrative county who in turn send to the Health Department monthly details of patients removed from the register as recovered, removed from the area, etc., and this information is passed from the Health Department to district medical officers of health and health visitors. In this respect close liaison exists between the chest clinics and the Health Department.

During the year the Public Health (Tuberculosis) Regulations, 1930, which had become out-dated and at variance with the present structure and operation of the tuberculosis services were replaced by the Public Health (Tuberculosis) Regulations, 1952, which came into operation on the 1st May. While the new regulations no longer require medical officers of health to keep registers of tuberculosis notifications the Minister urges that they should continue to do so and it would appear that this suggestion is being followed in most areas.

(b) *Chest Physicians*.—Table 23 shows the establishment of Chest Physicians employed by the Regional Hospital Board who give service to the County Council in connection with prevention and care work together with the nominal proportion of time spent on the work.

TABLE 23.

Tuberculosis Area	Proposed Establishments		County Council Proportion	Service Aggregate
	Consultants	S.H.M.O's		
Gateshead .....	1	2	9/110ths	27/110ths
South Shields .....	1	2	1/11th	3/11ths
Durham .....	2	2	3/11ths	12/11ths
Sunderland .....	2	—	1/11th	2/11ths
Darlington .....	2	1	3/22nds	9/22nds
Hartlepoons & Stockton .....	2	1	2/11ths	6/11ths
Total ...	10	8	—	2/41/55ths



(c) *B.C.G. Vaccination against Tuberculosis*.—This work is undertaken by the chest physicians at the chest clinics.

(d) *Rehabilitation*.—Arrangements are made by the County Council for the admission of patients to the Preston Hall Colony, Maidstone, Kent, and Papworth Village Settlement, Cambridge. These cases are admitted on the recommendation of the chest physician and with the approval of the medical superintendents of the settlement as to their suitability. At the end of the year two patients were in residence while two others had been discharged during the year.

(e) *Extra Nourishment*.—Liquid milk is supplied to tuberculous patients on the recommendation of the appropriate chest physicians. Each case is subject to the County Council scale of charges as based on the income of the household. At the end of 1952 there were 65 patients receiving free milk while one was receiving it at a reduced cost.

(f) *Beds and Bedding*.—These articles are loaned free of charge to tuberculous patients if the household circumstances justify their need. Recommendations are usually received from the chest physicians and health visitors.

#### GENERAL ILLNESS.

(a) *Nursing Equipment*.—A central stock of appliances is maintained in the Health Department and issues are made on the recommendation of a doctor, health visitor, district nurse, or almoner. The district nurses are notified of all patients in their districts to whom equipment is lent and they maintain a general supervision, notifying the Department when the equipment is no longer required.

Co-operation exists with the almoners of various hospitals receiving administrative county patients who give advance notice of patients' discharge in order that nursing appliances may be at their disposal on arriving home. Special attention is given to paraplegic cases whose needs are usually notified in detail by the medical superintendents of spinal injury centres.

Table 24 gives a summary of provision made during 1952.

(b) *Occupational Therapy*.—Arrangements were made during the year for instruction to be given to four patients, two in basket-making and one each in leatherwork and weaving. In practice it has been found that close liaison with the hospital authorities in cases of general sickness, and chest physicians in respect of tuberculous patients, has resulted in the more efficient working of the scheme. Liaison has also been established with officers of the National Assistance Board, Ministry of Pensions, and voluntary bodies, *e.g.* the British Red Cross Society.

**VENEREAL DISEASES.**—The Social Worker, who works in close co-operation with the venereal diseases treatment centres serving the administrative county, is employed in following up contacts and patients under treatment.

TABLE 20.

ADMINISTRATIVE COUNTY OF DURHAM.—Ambulance Service — Statistics, 1948-52.

Year	No. of Journeys	OUT-PATIENTS ONLY			GENERAL SERVICE			EMERGENCY SERVICE			TOTALS ALL CASES			Total Mileage	Ambulances	Men
		Stretcher cases	Sitting cases	Total	Stretcher cases	Sitting cases	Total	Stretcher cases	Sitting cases	Total	Stretcher cases	Sitting cases	Total			
*1948	22,989	3,280	17,846	21,126	15,259	23,762	39,021	1,277	—	1,277	16,536	23,762	40,298	552,486	72	118
1949	61,906	7,395	63,463	70,858	29,609	84,995	114,604	2,321	1,428	3,749	31,930	86,423	118,353	1,501,047	92	248
1950	79,896	10,635	89,624	100,259	34,032	120,982	155,014	2,269	2,008	4,277	36,301	122,990	159,291	1,979,681	86	268
†1951	86,429	13,697	128,320	142,017	34,833	163,807	198,640	5,737	5,635	11,372	40,570	169,442	210,012	2,129,585	99	270
†1952	90,243	19,587	199,937	219,524	35,954	239,672	275,626	11,044	6,778	17,822	46,998	246,450	293,448	2,268,166	93	271

\* Half year only.

† Part of the increase in the figures recording the patients carried is due to the revised method of annual costing laid down by the Ministry of Health in Circular 25/51, which became operative on 1st August, 1951.



HEALTH EDUCATION.—The County Council makes an annual grant of £500 to the Central Council for Health Education and during the year the Central Council loaned to the Health Department four portable exhibition stands showing the following topics, and these were displayed at child welfare centres and in large shops in all parts of the county for varying periods.

Food & Drugs Infection	Work of the Health Visitor
Care of the Teeth	Milk
Head Lice	Cafe and Canteen Hygiene
Care of the Feet	Accidents in the Home

The display sets "Coughs and Sneezes", "You and your Baby", "Take care of your Teeth", "Caught in Time : A case of T.B.", loaned by the Ministry of Health were shown in child welfare centres and other public places, the last mentioned being, so far as possible, displayed at places and times to coincide with the operation of the mass radiography unit of the Regional Hospital Board.

By arrangement with the Central Council for Health Education two lectures were given in Durham City during May 1952. The first "How to spread the knowledge of Food Hygiene", was attended by sanitary inspectors and the second, "Possibilities in Health Education", was attended by medical officers, health visitors, and nurses.

Negotiations were commenced towards the end of the year for the purchase of a sound film projector and the renting of suitable films for display in the county.

CONVALESCENT HOMES.—Acute shortage of convalescent home accommodation continues and none is available to the County Council.

#### DOMESTIC HELP.

The object of the service is to provide domestic help for households "where such help is required owing to the presence of any person who is ill, an expectant mother, lying-in, mentally defective, aged, or a child not over school age". The great majority of the cases, about 76%, are in fact old people who are also sick or infirm, though the service has given assistance to many younger households and homes where children require care because of the mother's illness.

Since its expansion from a Home Help Service for confinement cases only to the present consolidated Domestic Help Service the number of people assisted has grown from an average of 2 per week in 1946 to over 2,000 weekly in 1952. The increased demand upon the service has resulted in a considerable reduction in the number of hours allowed weekly to each household. The alternative was to continue granting a higher number of hours to fewer applicants and place new cases on a waiting list, but it was considered that the procedure adopted was preferable so that more people shared the benefit of the Scheme. Even this limitation was found insufficient and during the year it was necessary to start a waiting list.



The fee for the service was 2/7d. per hour but a scale of charges is in operation and the amount payable is assessed according to the income of the family concerned, due allowance being made for the number of family, rent, rates, etc.

Home helps were paid at the rate of 2/1 $\frac{3}{4}$ d. per hour, rising to 2/2 $\frac{3}{4}$ d. after a year's continuous service. Their duties may include the care of young children, the care of the sick and aged, and the domestic work of the house, but owing to the curtailment in hours the work too has had to be restricted to essentials. Having regard to the distribution of population almost all home helps are part-time and no training is given them though they are expected to be experienced in running a home, informed about rationing and catering, and sensible in the management of children. Many of our home helps have a strong sense of community service and this is shown by the hours of voluntary work they give to their cases. No sitters-in are employed.

For the purposes of organisation the County is divided into twelve areas, each one supervised by an assistant organiser. The assistant organiser investigates every application in her area, such applications besides coming from the general public, being received from general practitioners, hospital almoners, chest clinics, National Assistance Boards, welfare officers, Children's Officer, health visitors, district nurses and midwives. Every case is visited fortnightly to ensure satisfactory working and this supervision is continued to the end of the case so that if conditions change the services of the home help may be altered to suit.

Talks on the service were given in five county districts.

The following is a brief summary giving figures of the work accomplished.—

No. of cases provided with home help during the year.—

Maternity	.....	171
Tuberculosis	.....	59
Others	.....	3,361
Total	.....	<u>3,591</u>

No. of cases attended on 1st January	.....	1,862
New cases during the year	.....	1,729
Cases terminated	.....	1,537
Cases attended on 31st December	.....	2,054
No. of cases on waiting list on 31st December	.....	68
Applications withdrawn	.....	264

The assistant organisers made visits as under :—

Preliminary visits to applicants	2,719
Routine visits to applicants	49,988
Enquiries regarding home helps	2,126
Visits to home helps	6,982
Other visits	1,074
	<u>62,862</u>

## MENTAL HEALTH.

### *Administration.—*

(a) The Mental Health Sub-Committee of the County Health Committee is responsible for the administration of the Mental Health Service.

### *(b) Staff employed.—*

Duly Authorised Officers	7
Psychiatric Social Worker (part-time)	1
Mental Health Workers (home teachers)	2

The Deputy County Medical Officer deals with mental health administrative work and the examination and certification of mental defectives under the Mental Deficiency Acts on behalf of the County Medical Officer.

(c) There are no arrangements for joint use of the services of officers of the Regional Hospital Board or Hospital Management Committees. Patients out on trial from mental hospitals or on licence from institutions for mental defectives are supervised by the hospitals concerned.

(d) Arrangements were made with the National Association for Mental Health for the services of psychiatric social workers and mental health workers for the domiciliary supervision of patients referred to them by various organisations and general practitioners. The Association, however, found it necessary to terminate this arrangement on 30th September, 1951.

The County Council endeavoured to appoint a full-time psychiatric social worker but were only able to appoint a part-time officer who commenced duty on the 1st May, 1952.

(e) All the duly authorised officers have, since appointment, attended special short courses covering the various aspects of their work. These courses were arranged by the Department of Psychological Medicine of the University of Durham.

### *Account of work undertaken in the Community.—*

(a) The supervision of mental defectives, except those on licence from certified institutions, is carried out by health visitors, who made 6,773 visits to 1,903 defectives during the year. Of the defectives known to this Authority 17 have given birth to children during this period; 4 while unmarried. Eleven defectives were married. The appointment of staff to deal with the question of the prevention of illness, care and after-care has received consideration but advertisements for suitably qualified staff have resulted in the appointment of only one part-time psychiatric social worker. Efforts are still being made to secure an additional full-time psychiatric social worker.

(b) *Lunacy and Mental Treatment Acts, 1890-1930.*—During the year the duly authorised officers, at the request of the medical practitioners or the police, investigated cases under the Lunacy and Mental Treatment Acts. In the following cases admission to a mental hospital was arranged.—

*Lunacy Act, 1890.—*

Section 4—Private patient not found of unsound mind by inquisition to be received only under order of Judicial Authority	1
Section 16—Certified patients	357
Section 20—3-Day Orders	242
Section 21 (1)—14-Day Orders	67
Section 55—Relapse whilst on trial	1
Section 85—Escape and recapture	1

*Mental Treatment Act, 1930.—*

Section 1—Voluntary patients	110
Section 5—Temporary patients	7

*(c) Under the Mental Deficiency Acts, 1913-1918.—*

- (i) Cases are ascertained by school medical officers, child welfare medical officers, private practitioners, hospital staffs, health visitors, and social workers, and supervision is carried out by health visitors.

On the 31st December there were 2,884 mentally defective persons on the register which number gives an ascertainment figure of 3.2 per 1,000 population in the administrative county area. Table 25 shows the sex distribution of patients on the register.

TABLE 25.

Mentally Defective Persons : Sex distribution.

Distribution of cases	Male	Female	Total
In certified hospitals for mental defectives	301	352	653
Places of safety	4	19	23
In State hospitals	8	4	12
Under Guardianship	5	5	10
Domiciliary supervision	928	966	1,894
Pending	28	13	41
In General hospitals	51	47	98
In Mental hospitals	82	61	143
In Special schools	7	3	10
Totals	1,414	1,470	2,884

During the year 166 cases were added to the register.

Under the provisions of the Education Act, 1944, the Local Education Authority notified during the year to the Local Health Authority the following.—



	M.	F.	Total
Under Section 57 (3)—Children considered ineducable within the school system .....	39	16	55
Under Section 57 (5)—Children who require further supervision after leaving school .....	22	3	25

During the year 90 petitions were presented and appropriate Orders under the Acts were made for hospital care and training.

*Examinations by Medical Officer.*

The number of examinations made by a medical officer for the purpose of certification or classification is shown in the following table.

TABLE 26.

Examinations	Certifiable	Not Certifiable	Total
Domiciliary .....	43	7	50
In hospitals .....	55	1	56
In Medical Officer's office .....	26	1	27
In H.M. Prison, Durham .....	7	1	8
Totals .....	131	10	141

(ii) The number of cases under guardianship is now 10 and 8 of these are visited at regular intervals by the Deputy County Medical Officer and the health visitors. The remaining two are residing outside the county area and are visited by officers of other authorities.

(iii) *Home Teaching.*—Two mental health workers are at present engaged in home teaching of mental defectives. They are both working in districts where it is expected that occupation centres will be opened at an early date.

*Occupation Centres.*—Arrangements have almost been completed for an occupational centre for mental defectives at Consett which will accommodate 25 defectives and it is expected that this centre will be open early in 1953. Premises have been obtained in the Borough of Stockton which after minor adaptations will provide accommodation for approximately 40 mental defectives. A suitable house has been purchased by the County Council at Houghton-le-Spring and after adaptation it will accommodate approximately 40 mental defectives.

## NATIONAL ASSISTANCE ACT, 1948.

### WELFARE SERVICES.

*Residential Accommodation.*—The following statement indicates the number of persons provided with residential accommodation and the number of hospital patients in premises under the control of the Health Committee at the end of the year.—



	<i>Home.</i>	<i>Residential Accommodation</i>		<i>Hospital Patients</i>
		<i>Beds Provided</i>	<i>Beds Occupied</i>	
<i>In Homes controlled by the Welfare Sub-Com- mittee.</i>	Cambridge House,			
	Barnard Castle	86	84	45
	Heath House,			
	Houghton-le- Spring	120	119	
	Ivy House,			
	Sedgefield	76	74	
	Seaton Holme,			
	Easington	35	35	
	Weardale House,			
	Stanhope	59	59	
<i>In Hospitals transferred to the Regional Hospital Board on 5th July, 1948.</i>	Newtown House,			
	Stanhope	30	30	
	The Hermitage,			
	Whickham	18	18	
	Bishop Auckland	1	1	
	Chester-le-Street	49	47	
<i>In Homes controlled by.—</i>	Durham	53	53	
	Easington	13	13	
	Lanchester	62	60	
	Stockton	66	62	
<i>(a) neighbouring County Boroughs.</i>	Darlington		9	
	Gateshead		51	
	South Shields		29	
	Sunderland		2	
	West Hartlepool		10	
<i>(b) other local authorities.</i>			10	
<i>In Special Homes.</i>			35	
Totals		—	801	45

## WELFARE OF THE BLIND AND OTHER HANDICAPPED PERSONS.

The number of blind persons on the County Council's register on the 31st December was 1,973, or 22 more than at the end of 1951. During the year the names of 278 blind persons were added to the register, 17 persons who had been registered as blind were certified partially-sighted and their names transferred to the register of partially-sighted persons, 11 persons who had been registered as blind were certified not blind and their names removed from the register and 229 died or left the county area. Of the 28 patients certified not blind or partially sighted, sight had been restored in 24 cases after surgical treatment. The five part-time ophthalmologists appointed by the County Council carried out 433 eye examinations. These cases are classified as follows.—

*First examinations.—*

No. certified blind	220
No. certified partially-sighted	85
No. certified not blind	29

*Re-examinations.—*

No. certified blind	43
No. certified partially-sighted	38
No. certified not blind	18

At the end of the year the number of partially-sighted persons registered was 274.

The following information relates to trained blind persons in employment at the end of the year.

	<i>Institution Workers</i>	<i>Home Workers</i>
Royal Institution for the Blind, Sunderland	37	3
Cleveland & South Durham Institute for the Blind, Middlesbrough	14	—
Hartlepoons Workshops for the Blind, West Hartlepool	1	—
National Library for the Blind, Braille Copyists	—	2
Catholic Blind Asylum, Liverpool	1	—
Henshaw's Institution for the Blind, Man- chester	1	—
Yorkshire School for the Blind, Whitby Branch	1	—

On the 31st December the number of trained but unemployed blind persons was 7 and the number of blind persons in Homes for the Blind was 12.

The following proposals of the County Council under Sections 29 and 30 of the National Assistance Act, 1948, were made on the 22nd August, 1952, and approved by the Minister of Health on the 27th September, 1952.

SCHEME FOR THE PROVISION OF WELFARE SERVICES UNDER SECTIONS  
29 AND 30 FOR PERSONS WHO ARE DEAF OR DUMB.

The Council of the Administrative County of Durham, in exercise of their powers under sections 29 and 30 of the National Assistance Act, 1948, hereby make the following scheme under section 29 of the Act :—

CITATION AND INTERPRETATION.

1. (1) This scheme may be cited as the National Assistance (Deaf and Dumb Persons) Scheme, 1952.

(2) The Interpretation Act, 1889, shall apply to the interpretation of this scheme as it applies to the interpretation of an Act of Parliament.

(3) In this scheme, the following expressions have the meanings hereby assigned to them—

“handicapped person” means a deaf or dumb person who is in need of assistance under this scheme ;

“the Act” means the National Assistance Act, 1948 ;

“the Council” means the Council of the Administrative County of Durham ;

“the Minister” means the Minister of Health ; and

“voluntary organisation” means a voluntary organisation for the time being registered in accordance with the Act, being an organisation having for its sole or principal object or among its principal objects the promotion of the welfare of persons to whom section 29 of the Act applies and having among its objects the promotion of the welfare of persons who are deaf or dumb.

## PART I.

### GENERAL.

2. (1) The Council shall promote the welfare of handicapped persons by making such provision as is authorised or required by the following provisions of this scheme.

(2) In the exercise of their functions under this scheme the Council shall have regard to the need for providing services of different descriptions suited to the different descriptions of handicapped persons.

(3) Any provision in this scheme for the provision of services by the Council shall be construed as a provision enabling the Council to provide the services either directly or by the employment as their agent of any voluntary organisation.

(4) The Council may enter into an agreement with any other local authority which is duly providing any service which the Council are authorised or required by this scheme to provide for the use thereof by the Council on such terms including terms as to the reimbursement of expenditure by that authority, as may be agreed.

(5) The Council may enter into an agreement with any local authority authorised to provide a service which is being provided by the Council under this scheme for the use thereof by that authority on such terms, including terms as to the reimbursement of expenditure by the Council, as may be agreed.

### REGISTER.

3. (1) The Council shall keep a register of handicapped persons who apply for assistance and whom the Council assist under this scheme, and shall include therein such particulars as the Minister may from time to time direct.

(2) In the arrangements made for the admission to the register of the names of persons who apply to the Council as handicapped persons the Council shall ensure that any case in which an application is proposed to be refused and all cases of doubt shall be referred to the Medical Officer of Health.

### SOCIAL WELFARE.

4. The Council, so far as reasonably necessary to meet the needs of handicapped persons, shall :—



- (1) assist handicapped persons to overcome the effects of their disabilities and to obtain any available general, preventive or remedial medical treatment which they appear to require ;
- (2) give advice and guidance to handicapped persons on personal problems and in connection with any services, whether provided under any enactment or rendered by any voluntary organisation, which appear to be available to them and of which they wish to take advantage ;
- (3) encourage handicapped persons to take part in the activities of social centres, clubs or institutions, whether provided by the Council under this scheme or otherwise, or provided or established by any other person under any enactment or otherwise ; and
- (4) use their best endeavours to arrange for voluntary workers to visit handicapped persons with a view to affording them comfort and encouragement and assistance in the solution of domestic and other problems confronting them, and otherwise to assist in the carrying out of the purposes of this scheme.

5. In addition, the Council may—

- (1) provide practical assistance for handicapped persons in their homes ;
- (2) provide, or assist in obtaining wireless, library and similar recreational facilities for handicapped persons ;
- (3) provide for handicapped persons lectures, games and other recreational facilities in such social centres as aforesaid and elsewhere, and also outings ;
- (4) provide, or arrange for the provision of, special religious services for handicapped persons desirous of taking advantage of the same ;
- (5) provide facilities for, and assistance to, handicapped persons in travelling to and from their homes to participate in any of the services provided under this scheme ; and
- (6) facilitate the taking of holidays by handicapped persons, in particular at holiday homes, whether provided by the Council under this scheme or otherwise, or provided or established by any other person under any enactment or otherwise, and if the Council so determine defray any expenses incurred in or in connection with the taking of such holidays.

#### SOCIAL CENTRES AND HOLIDAY HOMES.

6. (1) The Council may provide social centres and holiday homes for the purposes of this scheme.

(2) Any social centre or holiday home so provided may be used also for the purposes of any other scheme made by the Council under section 29 of the Act.

(3) Any social centre or holiday home provided by the Council under any such scheme as aforesaid may also be used for the purposes of this scheme.

(4) Any social centre provided by the Council otherwise than under any such scheme as aforesaid may be used also for the purposes of this scheme.



## WELFARE OFFICERS.

7. (1) For the discharge of the Council's functions under this scheme there shall be employed by or on behalf of the Council such number of Welfare Officers as the Council may from time to time determine.

Provided that no person employed as a Home Teacher of the Blind, whether qualified or not, shall be employed in connection with the discharge of the Council's functions under this scheme without the consent of the Minister at any time when—

- (a) the number of persons employed as Home Teachers of the Blind (both qualified and unqualified) is less than one-hundredth of the number of persons whose names appear on the Register of the Blind and the Register of the Partially-sighted (taken together) ; or
- (b) the number of persons so employed is less than one-hundred-and-twentieth of the number of persons whose names appear on the said Registers, when added to the number of persons whose names appear on any other Registers maintained by the Council pursuant to schemes in force under Section 29 of the Act, being persons in relation to whom the persons so employed perform duties under the said schemes.

(2) The duties of Welfare Officers shall be such as the Council may determine for the purpose of securing the general welfare of handicapped persons, but shall include the following duties and, the duties of Welfare Officers shall be distributed amongst them in such manner as the Council shall determine.—

- (a) to ascertain the existence of and the needs of handicapped persons ;
- (b) to visit handicapped persons in their homes, or elsewhere if necessary ;
- (c) to instruct handicapped persons in methods of overcoming the effects of their disabilities ;
- (d) to advise handicapped persons of any social, health or medical services or facilities, whether provided under any enactment or made available by any voluntary organisation, of which they appear to be in need and of which they wish to take advantage ;
- (e) to give special attention to the needs of handicapped persons suffering from multiple disabilities, in consultation, where necessary, with any officers of the Council who may be specially concerned with any one of those disabilities ; and
- (f) to organise social centres, classes and individual and other recreational facilities for handicapped persons, and to recruit voluntary workers to assist in the performance of this duty and to perform other duties in connection with the discharge of the Council's functions under this scheme.

(3) Save as may be otherwise prescribed by regulations made by the Minister, Welfare Officers employed pursuant to paragraph (1) of this clause shall be persons holding a Diploma or Certificate in Social Science or a similar qualification in social work of a comparable character, or persons as respects whom the Council are satisfied that they enjoy a special aptitude for the work, possess a broad knowledge of the

social services and some experience in the field of welfare and have an understanding of the problems of deafness and the principles of deaf education.

(4) The Council shall by arrangement with any voluntary organisation or otherwise endeavour to secure that handicapped persons who do not use speech as a normal method of communication are dealt with by persons who are conversant with manual language and other methods of communication alternative to normal speech.

#### TRAINING FACILITIES.

8. If any handicapped person applying for assistance under this scheme appears to be capable of benefiting from training under the Education Act, 1944, or the Disabled Persons (Employment) Act, 1944 and is desirous of taking advantage of such training, the Council shall take such steps as are practicable to assist him to that end.

#### EMPLOYMENT.

9. The Council shall take such steps as may be practicable, in consultation with the Minister of Labour and National Service, to assist any handicapped person to secure any work in trade, commerce, industry or a profession for which he appears to be fitted and which he is desirous of obtaining.

#### CHILDREN.

10. If any handicapped person who applies or in respect of whom an application is made for assistance under this scheme is a child in respect of whose needs it appears that action can more appropriately be taken in relation to him under any other enactment than the Act, the Council shall take the necessary steps to that end.

#### PERSONS NOT ORDINARILY RESIDENT IN THE AREA OF THE COUNCIL.

11. If a handicapped person applying for assistance under this scheme is not ordinarily resident in the area of the Council, he shall not be assisted under this scheme if the local authority of any area in which he may be so resident have a corresponding scheme, unless the Council and the other local authority concerned are satisfied that it would not be reasonable to assist him under such corresponding scheme as aforesaid.

### PART II.

#### FURTHER DEVELOPMENT OF WELFARE SERVICES FOR HANDICAPPED PERSONS.

12. The Council shall keep under constant review the services provided in accordance with the provisions of Part I of this scheme, in consultation with any registered voluntary organisations or other bodies concerned, with a view to their progressive development, as circumstances permit, in such a way that—

- (1) the needs for assistance under this scheme of handicapped persons registered thereunder shall be adequately met ;
- (2) the number of Welfare Officers employed by or on behalf of the Council shall be sufficient to secure the efficient administration of the services provided under this scheme ; and

- (3) no Welfare Officer (other than a trainee) shall be employed in relation to a handicapped person who does not use speech as a normal method of communication unless that officer is fluent in manual language and other methods of communication as an alternative to normal speech.

The following proposals of the County Council under Sections 29 and 30 of the National Assistance Act, 1948, were made on the 22nd August, 1952, and approved by the Minister of Health on the 27th September, 1952.

SCHEME FOR THE PROVISION OF WELFARE SERVICES UNDER SECTIONS 29 AND 30 FOR HANDICAPPED PERSONS OTHER THAN THE BLIND, PARTIALLY-SIGHTED AND DEAF OR DUMB.

The Council of the Administrative County of Durham, in exercise of their powers under sections 29 and 30 of the National Assistance Act, 1948, hereby make the following scheme under section 29 of the Act.—

CITATION AND INTERPRETATION.

1. (1) This scheme may be cited as the National Assistance (Handicapped Persons) (General) Scheme, 1952.

(2) The Interpretation Act, 1889, shall apply to the interpretation of this scheme as it applies to the interpretation of an Act of Parliament.

(3) In this scheme, the following expressions have the meanings hereby assigned to them—

“handicapped person” means a person, not being a person whose only handicap is that he is a blind or partially-sighted person or is deaf or dumb, who is substantially and permanently handicapped by illness, injury or congenital deformity or such other disabilities as may be prescribed by regulations made by the Minister and who is in need of assistance under this scheme ;

“the Act” means the National Assistance Act, 1948 ;

“the Council” means the Council of the Administrative County of Durham ;

“the Minister” means the Minister of Health ; and

“voluntary organisation” means a voluntary organisation for the time being registered in accordance with the Act, being an organisation having for its sole or principal object or among its principal objects the promotion of the welfare of persons to whom section 29 of the Act applies and having among its objects the promotion of the welfare of handicapped persons.

PART I.

GENERAL.

2. (1) The Council shall promote the welfare of handicapped persons by making such provision as is authorised or required by the following provisions of this scheme.

(2) Any provision in this scheme for the provision of services by the Council shall be construed as a provision enabling the Council to provide the services either directly, or by the employment as their agent of any voluntary organisation.



(3) The Council may enter into an agreement with any other local authority which is duly providing any service which the Council are authorised or required by this scheme to provide for the use thereof by the Council on such terms, including terms as to the reimbursement of expenditure by that authority, as may be agreed.

(4) The Council may enter into an agreement with any local authority authorised to provide a service which is being provided by the Council under this scheme for the use thereof by that authority on such terms, including terms as to the reimbursement of expenditure by the Council, as may be agreed.

(5) The powers conferred on the Council by clauses 6 and 10 of this scheme to provide sheltered workshops and hostels respectively shall be construed as including power for the Council, instead of providing the services, to enter into an agreement with any voluntary organisation which is rendering analogous services to the public for the use thereof by the Council on such terms, including terms as to the reimbursement of expenditure by the organisation, as may be agreed.

(6) In the last preceding paragraph the expression " any voluntary organisation which is rendering analogous services to the public " shall be construed as including any such voluntary organisation as is mentioned in section 30(1) of the Act which has for its sole object the promotion of the welfare of the blind or of the blind and partially-sighted.

#### REGISTER.

3. (1) The Council shall keep a register of handicapped persons who apply for assistance and whom the Council assist under this scheme, and shall include therein such particulars as the Minister may from time to time direct.

(2) In the arrangements made for the admission to the register of the names of persons who apply to the Council as handicapped persons the Council shall ensure that any case in which an application is proposed to be refused, and all cases of doubt shall be referred to the Medical Officer of Health.

(3) In any case in which the Medical Officer of Health is in doubt whether an applicant is a handicapped person, the Council or the Medical Officer of Health, if he is generally or in any particular case or class of case authorised in that behalf, may at the expense of the Council obtain the advice of an appropriate specialist.

#### SOCIAL WELFARE.

4. The Council so far as reasonably necessary to meet the needs of handicapped persons shall—

- (1) assist handicapped persons to overcome the effects of their disabilities, and to obtain any available general, preventive or remedial medical treatment which they appear to require ;
- (2) give advice and guidance to handicapped persons on personal problems and in connection with any services whether provided under any enactment or rendered by any voluntary organisation, which appear to be available to them and of which they wish to take advantage ;



- (3) encourage handicapped persons to take part in the activities of social centres, clubs or institutions, whether provided by the Council under this scheme or otherwise or provided or established by any other person under any enactment or otherwise ;
- (4) use their best endeavours to arrange for voluntary workers to visit handicapped persons with a view to affording them comfort and encouragement and assistance in the solution of domestic and other problems confronting them, to accompany them to places of worship, social centres, clubs and similar places of recreation and otherwise to assist in the carrying out of the purposes of this scheme ; and
- (5) use their best endeavours to secure the co-operation of the responsible bodies in facilitating the admittance of handicapped persons carried in wheel chairs or spinal chairs to places of worship, entertainment or recreation and in making suitable provision for them while there.

5. In addition, the Council may :—

- (1) provide practical assistance for handicapped persons in their homes ;
- (2) provide, or assist in obtaining wireless, library and similar recreational facilities for handicapped persons ;
- (3) provide for handicapped persons lectures, games and other recreational facilities in such social centres as aforesaid and elsewhere, and also outings ;
- (4) provide facilities for, and assistance to, handicapped persons in travelling to and from their homes to participate in any of the services provided under this scheme ;
- (5) assist handicapped persons in arranging for the carrying out of any works of adaptation in their homes or the provision of any additional facilities, designed to secure the greater comfort or convenience of such persons, and if the Council so determine defray any expenses incurred in the carrying out of any such works or in the provision of any such facilities ; and
- (6) facilitate the taking of holidays by handicapped persons, in particular at holiday homes, whether provided by the Council under this scheme or otherwise, or provided or established by any other body under any enactment or otherwise, and if the Council so determine defray any expenses incurred in or in connection with the taking of such holidays.

#### WORKSHOP EMPLOYMENT.

6. (1) The Council may provide such sheltered workshops as the Minister may approve in which handicapped persons may be employed in suitable work, or may be trained in pursuance of the Disabled Persons (Employment) Act, 1944.

(2) To the extent which the Minister may approve, the Council may utilise for the purpose of such employment as aforesaid any special workshops which the Council or any other local authority may have provided for the blind.

(3) The Council shall in respect of their employment make such reasonable payments to handicapped persons employed in sheltered workshops pursuant to the provisions of this scheme as the Council may determine, after consultation, where necessary with any other local authority or any voluntary organisation concerned.

#### HOME EMPLOYMENT.

7. (1) The Council may, with the approval of the Minister, assist under supervision handicapped persons who are capable of earning at least such reasonable weekly sum as the Council may determine, by the production of saleable goods or the rendering of useful services, to engage in activities to that end in their own homes, or elsewhere other than in sheltered workshops.

(2) The Council shall make such reasonable payments to handicapped persons assisted under this clause, provided they are not in receipt of National Assistance grants, as the Council may determine, after consultation, where necessary, with any other local authority or any voluntary organisation concerned.

#### HANDICRAFTS, CRAFTS AND OTHER SKILLED ACTIVITIES.

8. (1) The Council may assist handicapped persons, not being persons assisted under clause 6 or clause 7 of this scheme, who are capable and desirous of engaging in any handicraft, craft or other skilled activity, to engage in that activity in their own homes, social centres or in any other place, not being a sheltered workshop.

(2) No payment shall be made by the Council to any person assisted under this clause.

#### MARKETING OF PRODUCE.

9. (1) The Council shall sell or otherwise dispose of all goods produced by handicapped persons assisted under clause 6 of this scheme ;

Provided that any goods so produced in sheltered workshops used for the purposes of this scheme under the management of another local authority or a voluntary organisation may be sold or otherwise disposed of by that authority or organisation.

(2) The Council shall help handicapped persons assisted under clause 7 or clause 8 of this scheme to secure orders for their goods or services and to dispose of any saleable goods or other marketable articles produced by them.

#### HOSTELS, SOCIAL CENTRES AND HOLIDAY HOMES.

10. (1) The Council may provide hostels where handicapped persons assisted under clause 6 of this scheme may live.

(2) Any hostel so provided may be used also for the accommodation of other persons who are employed in sheltered workshops provided under any other scheme made by the Council under section 29 of the Act and of other persons to whom arrangements under subsection (1) of that section relate and for whom work or training is being provided in pursuance of the Disabled Persons (Employment) Act, 1944.

(3) Any hostel provided by the Council under any other such scheme as is mentioned in the last preceding paragraph for the accommodation of such persons as are therein mentioned may also be used for the accommodation of handicapped persons to whom paragraph (1) of this clause relates.

(4) The Council may provide social centres and holiday homes for the purposes of this scheme.

(5) Any social centre or holiday home so provided may be used also for the purposes of any other scheme made by the Council under section 29 of the Act.

(6) Any social centre or holiday home provided by the Council under any such scheme as aforesaid may also be used for the purposes of this scheme.

(7) Any social centre provided by the Council otherwise than under any such scheme as aforesaid may be used also for the purposes of this scheme.

#### EMPLOYMENT OTHERWISE THAN IN WORK OR ACTIVITIES PROVIDED DIRECTLY UNDER THIS SCHEME.

11. The Council shall take such steps as may be practicable, in consultation with the Minister of Labour and National Service, to assist any handicapped person to secure any work in trade, commerce, industry or a profession for which he appears to be fitted and which he is desirous of obtaining.

#### WELFARE OFFICERS.

12. (1) For the discharge of the Council's functions under this scheme (other than the carrying out of arrangements under clauses 6, 7 and 9(1) thereof, or under clause 9(2) thereof, except in relation to its operation in respect of persons assisted under clause 8 thereof) there shall be employed by or on behalf of the Council such number of Welfare Officers as the Council may from time to time determine ;

Provided that no person employed as a Home Teacher of the Blind, whether qualified or not, shall be employed in connection with the discharge of the Council's functions under this scheme without the consent of the Minister at any time when—

- (a) the number of persons employed as Home Teachers of the Blind (both qualified and unqualified) is less than one-hundredth of the number of persons whose names appear on the Register of the Blind and the Register of the Partially-Sighted (taken together) ; or
- (b) the number of persons so employed is less than one one-hundred-and-twentieth of the number of persons whose names appear on the said Registers, when added to the number of persons whose names appear on any other Registers maintained by the Council pursuant to schemes in force under Section 29 of the Act, being persons in relation to whom the persons so employed perform duties under the said schemes.



(2) The duties of Welfare Officers shall be such as the Council may determine for the purpose of securing the general welfare of handicapped persons but shall include the following duties, and the duties of Welfare Officers shall be distributed amongst them in such manner as the Council shall determine.—

- (a) to ascertain the existence of and the needs of handicapped persons ;
- (b) to visit handicapped persons in their homes, or elsewhere if necessary ;
- (c) to instruct handicapped persons in methods of overcoming the effects of their disabilities ;
- (d) to encourage handicapped persons to participate in handicrafts, crafts and other skilled activities, and so far as practicable to instruct them or arrange for them to be instructed in the practice thereof ;
- (e) to advise handicapped persons of any social, health or medical services or facilities, whether provided under any enactment or made available by any voluntary organisation, of which they appear to be in need and of which they wish to take advantage ;
- (f) to give special attention to the needs of handicapped persons suffering from multiple disabilities, in consultation, where necessary, with any officers of the Council who may be specially concerned with any one of those disabilities ; and
- (g) to organise social centres, classes and individual and other recreational facilities for handicapped persons, and to recruit voluntary workers to assist in the performance of this duty and to perform other duties in connection with the discharge of the Council's functions under this scheme.

(3) To such extent as may be necessary on account of lack of competence on the part of Welfare Officers employed pursuant to paragraph (1) of this clause, the Council shall use their best endeavours to provide the services of persons, whether as volunteers, part-time workers or workers in any other capacity, who are competent to instruct handicapped persons in the activities referred to in paragraph 2(d) of this clause or any of them.

(4) Save as may be otherwise prescribed by regulations made by the Minister, Welfare Officers employed pursuant to paragraph (1) of this clause shall be persons holding a Diploma or Certificate in Social Science or a similar qualification in social work of a comparable character, or persons as respects whom the Council are satisfied that they enjoy a special aptitude for the work and possess a broad knowledge of the social services and some experience in the field of welfare.

#### TRAINING FACILITIES.

13. If any handicapped person applying for assistance under this scheme appears to be capable of benefiting from training under the Education Act, 1944, or the Disabled Persons (Employment) Act, 1944, and is desirous of taking advantage of such training, the Council shall take such steps as are practicable to assist him to that end.



## CHILDREN.

14. If any handicapped person who applies or in respect of whom an application is made for assistance under this scheme is a child in respect of whose needs it appears that action can more appropriately be taken in relation to him under any other enactment than the Act, the Council shall take the necessary steps to that end.

## PERSONS NOT ORDINARILY RESIDENT IN THE AREA OF THE COUNCIL.

15. If a handicapped person applying for assistance under this scheme is not ordinarily resident in the area of the Council, he shall not be assisted under this scheme if the local authority of any area in which he may be so resident have a corresponding scheme, unless the Council and the other local authority concerned are satisfied that it would not be reasonable to assist him under such corresponding scheme as aforesaid.

## PART II.

## FURTHER DEVELOPMENT OF WELFARE SERVICES FOR HANDICAPPED PERSONS.

16. The Council shall keep under constant review the services provided in accordance with the provisions of Part I of this scheme, in consultation with any voluntary organisation or other bodies concerned, with a view to their progressive development, as circumstances permit, in such a way that :—

- (1) the needs for assistance under this scheme of handicapped persons registered thereunder shall be adequately met ;
- (2) the number of Welfare Officers, including persons especially engaged to teach handicrafts, employed by or on behalf of the Council shall be sufficient to secure the efficient administration of the services provided under this scheme.

## TUBERCULOSIS.

## INCIDENCE AND MORTALITY.

The number of primary notifications of respiratory tuberculosis received during the year was 917 and of non-respiratory tuberculosis 158 compared with 1,053 and 182 respectively in 1951. (See Tables 27 to 31). The figures for non-respiratory tuberculosis (67 males and 91 females) are the lowest on record. The total notifications for the year (1,075) show a reduction of 160 compared with 1951 and give an incidence rate for all forms of tuberculosis of 1.19 per 1,000 population, the rate for 1951 being 1.37.

Table 35 gives the number of deaths from respiratory and non-respiratory tuberculosis by age periods and in the separate county districts and areas.

The number of deaths from respiratory tuberculosis has decreased by 99 (57 males, 42 females) compared with last year. The deaths from non-respiratory tuberculosis (26) show a decrease of 22 and were fewer than in any previous year for which records are available.

TABLE 27.

ADMINISTRATIVE COUNTY OF DURHAM, TUBERCULOSIS—  
New Cases and Deaths, 1930-1952.

Year.	New Cases				Deaths			
	Respiratory		Non-Respiratory		Respiratory		Non-Respiratory	
	M.	F.	M.	F.	M.	F.	M.	F.
1930	493	488	401	366	404	367	124	99
1931	493	446	372	356	343	327	116	89
1932	506	477	450	406	353	326	126	85
1933	447	419	343	328	368	303	72	72
1934	456	396	321	297	342	312	75	67
1935	376	376	306	248	315	295	79	63
1936	384	380	298	275	298	256	72	63
1937	406	334	272	258	268	255	65	68
1938	339	317	302	293	270	200	57	67
1939	410	295	266	254	292	217	67	54
1940	380	291	226	248	290	236	45	37
1941	388	382	241	240	299	243	55	51
1942	367	390	248	244	245	190	68	55
1943	438	398	240	290	296	218	64	26
1944	445	469	235	246	233	190	51	49
1945	527	386	249	265	255	203	48	56
1946	604	447	202	183	231	199	64	47
1947	534	474	166	172	253	263	58	38
1948	595	532	146	149	200	236	58	34
1949	552	515	127	146	240	188	39	35
1950	682	607	113	130	220	136	34	22
1951	654	525	102	110	195	126	26	22
1952	562	476	70	97	138	84	13	13

TABLE 28.

ADMINISTRATIVE COUNTY OF DURHAM. 1952.—Notifications of tuberculosis in each urban and rural district of the administrative county during the period 1st January, 1952 to 31st December, 1952.

District.	Primary Notifications of new cases of Tuberculosis.			
	Respiratory.		Non-respiratory.	
	Males.	Females	Males.	Females.
<i>Area No. 1.</i>				
Blaydon U.D. ....	18	12	3	4
Ryton U.D. ....	9	1	—	2
Whickham U.D. ....	15	15	1	2
<i>Area No. 2.</i>				
Jarrow M.B. ....	31	49	2	5
Felling U.D. ....	29	20	5	5
Hebburn U.D. ....	33	18	2	4
<i>Area No. 3.</i>				
Consett U.D. ....	20	15	2	6
Stanley U.D. ....	28	22	4	10
Lanchester R.D. ....	7	7	3	1
<i>Area No. 4.</i>				
Chester-le-Street U.D. ....	8	4	2	1
Chester-le-Street R.D. ....	21	28	3	12
<i>Area No. 5.</i>				
Boldon U.D. ....	7	10	—	—
Hetton U.D. ....	6	4	1	2
Houghton-le-Spring U.D. ....	10	13	3	2
Washington U.D. ....	9	14	3	2
Sunderland R.D. ....	16	20	4	1
<i>Area No. 6.</i>				
Crook & Willington U.D. ....	8	8	1	4
Tow Law U.D. ....	—	1	—	—
Weardale R.D. ....	2	3	1	1
<i>Area No. 7.</i>				
Durham M.B. ....	6	4	1	1
Brandon & Byshottles U.D. ....	6	11	—	—
Durham R.D. ....	27	16	5	4
<i>Area No. 8.</i>				
Seaham U.D. ....	21	16	3	4
Easington R.D. ....	28	20	7	2
<i>Area No. 9.</i>				
Barnard Castle U.D. ....	3	—	—	—
Barnard Castle R.D. ....	9	2	1	—
<i>Area No. 10.</i>				
Bishop Auckland U.D. ....	21	21	—	3
Sildon U.D. ....	7	2	1	—
Spennymoor U.D. ....	10	14	2	5
<i>Area No. 11.</i>				
Hartlepool M.B. ....	11	14	1	—
Billingham U.D. ....	7	6	—	1
Darlington R.D. ....	3	3	—	—
Sedgefield R.D. ....	12	15	3	6
Stockton R.D. ....	2	1	1	1
<i>Area No. 12.</i>				
Stockton M.B. ....	42	16	2	—
ADMINISTRATIVE COUNTY	492	425	67	91



TABLE 22.

ADMINISTRATIVE COUNTY OF DURHAM.—SUMMARY OF AMBULANCE WORK done during the period 1st JANUARY to 31st DECEMBER, 1952.

UNIT AREA.	Authorised establishment of men and vehicles.			Actual members employed on 31st December, 1952.			No. of Journeys.	GENERAL.												EMERGENCY.																Grand total of cases		Petrol used (galls.)	Mileage				
	Ambulances.	Cars.	Driver-Attendants.	Ambulances.	Cars.	Driver-Attendants.		Admissions to Hospital.	Infectious Diseases Cases.	Tuberculosis Cases.	Hospital Transfers.	Hospital Out-Patient Treatment Cases.	Discharges from Hospital.	Totals.	General Hospitals.	Infectious Diseases Cases.	Maternity Cases.	Accidents at Home.	Road Accidents.	Accidents at Sports Meetings.	Industrial Accidents.	Hospital Transfers.	Totals.																				
																								S.	C.	S.	C.	S.	C.	S.	C.	S.	C.	S.	C.	S.	C.			S.	C.	S.	C.
1. East Tyneside	2	2	28	7	—	19	6897	474	227	59	22	67	632	171	236	1264	17102	115	950	2150	19169	550	144	121	47	140	334	28	24	81	42	14	16	124	213	45	52	1103	872	3253	20041	9454½	114530
2. West Tyneside	5	1	16	6	—	15	4477	366	242	24	2	3	4	74	96	1472	13794	71	622	2010	14760	408	44	36	2	135	268	12	8	30	24	3	3	46	64	31	12	701	425	2711	15185	9357	120764
3. Stanley	5	2	16	6	—	16	4877	446	270	5	3	—	1	43	75	919	12852	84	1234	1497	14435	498	154	12	4	70	226	7	7	19	12	3	5	9	3	12	11	630	422	2127	14857	9934	137847
4. Consett	6	2	18	6	—	18	3755	444	219	5	2	1	—	228	147	830	9467	254	2139	1762	11974	330	50	1	2	95	185	11	2	35	14	8	3	3	2	47	17	530	275	2292	12249	9581½	111965
5. North-Eastern	4	1	14	4	—	13	3358	270	118	6	3	28	386	24	58	455	5387	70	447	853	6399	211	35	11	5	64	127	16	2	20	15	5	2	60	73	6	1	393	260	1246	6659	5809	72937
6. Houghton	5	1	16	7	—	16	6031	507	280	20	6	16	10	142	133	1460	15996	508	2770	2653	19195	491	88	10	6	148	293	23	14	32	29	9	6	12	13	31	6	756	455	3409	19650	11413	159531
7. Seaham	4	1	14	4	—	12	2973	391	174	21	1	1	1	67	38	570	9917	211	1488	1261	11619	94	12	8	2	188	92	94	8	27	19	5	—	7	1	8	—	431	134	1692	11753	5223	78905
8. Easington	9	1	24	8	—	22	6620	561	357	21	7	—	—	102	95	1382	22120	412	2599	2478	25178	357	85	28	13	217	230	347	80	51	14	18	5	21	12	31	9	1070	448	3548	25626	17388½	257690
9. Hartlepool	1	—	5	1	—	5	2293	324	48	—	1	—	—	137	70	605	2270	487	619	1553	3008	1	—	—	—	64	16	4	—	26	8	8	4	40	12	3	—	146	40	1699	3048	1315	23462
9a. West Hartlepool	—	—	—	—	—	—	98	1	—	6	—	—	—	—	—	2	1	7	—	16	1	27	—	13	—	6	—	3	—	12	—	2	—	20	—	2	—	85	—	101	1	61	769
10. Sedgefield	5	1	16	4	1	16	6236	393	238	55	8	7	9	661	780	1130	11498	240	2164	2486	14697	242	29	24	4	38	133	4	2	39	15	1	1	45	73	21	2	414	259	2900	14956	10720½	161549
11. Stockton	8	1	26	8	—	25	11729	1675	592	106	319	—	—	222	225	1410	12459	490	3241	3903	16836	292	57	8	12	167	392	91	186	122	115	205	207	150	239	13	14	1048	1222	4951	18058	11973	169931
12. Darlington	—	—	—	—	—	—	2168	7	1	2	—	—	—	1	25	64	226	950	160	689	420	1705	—	—	—	—	15	25	2	1	22	18	7	—	7	7	—	53	51	473	1756	1752	24013
13. Barnard Castle	2	1	4	2	—	4	1006	81	64	1	—	—	—	27	19	200	3034	76	333	385	3450	75	9	—	—	19	7	1	—	7	—	—	—	6	1	1	—	109	17	494	3467	3667½	62846
14. Bishop Auckland	8	2	22	7	—	22	6706	579	410	119	3	3	2	113	104	1696	13711	476	3121	2986	17351	781	110	136	4	170	409	15	6	47	37	9	5	44	18	32	8	1234	597	4220	17948	12330	177290
15. Chester-le-Street	6	1	16	6	—	16	4895	248	143	248	30	4	3	105	249	1143	14451	118	1755	1866	16631	603	103	131	6	86	226	14	2	44	23	4	2	11	9	13	9	906	380	2772	17011	8738	110167
16. Durham (Central)	8	1	24	7	—	24	10120	577	229	3	4	—	7	385	518	3290	19786	480	3184	4735	23728	642	119	2	1	115	440	5	6	76	52	16	6	27	40	12	9	895	673	5630	24401	13791	192015
16a. Durham (West)	5	1	11	5	1	11	2737	161	130	65	14	36	74	462	470	690	4198	243	2256	1657	7142	53	15	15	1	6	17	5	2	4	2	—	4	4	4	3	91	44	1748	7186	9402	143018	
17. Western	6	1	16	6	—	17	3267	197	180	3	1	23	204	64	143	843	10944	153	922	1283	12394	307	46	—	—	80	147	8	3	23	2	3	1	25	5	3	—	449	204	1732	12598	10641	148937
	95	20	286	93	2	271	90243	7702	3922	769	426	189	1334	3052	3520	19587	199937	4655	30533	35954	239672	5962	1100	556	109	1823	3567	690	353	717	441	320	266	661	789	315	153	11044	6778	46998	246450	162540½	2268166

\* County ambulance reinforced as necessary by adjoining County Borough Service.

† Darlington County Borough Council provides service as required.

"S" Stretcher cases conveyed by ambulances.

"C" Sitting cases conveyed by ambulances and cars.





TABLE 31.

ADMINISTRATIVE COUNTY OF DURHAM.—Primary Notifications of Tuberculosis, 1942-1952.

Year	Respiratory.	Non-Respiratory.	Totals.
1942	701	438	1,139
1943	741	444	1,185
1944	801	399	1,200
1945	754	423	1,177
1946	956	352	1,308
1947	925	307	1,232
1948	1,047	269	1,316
1949	917	228	1,145
1950	1,060	205	1,265
1951	1,053	182	1,235
1952	917	158	1,075

TABLE 32.

ADMINISTRATIVE COUNTY OF DURHAM, 1952.—Tuberculosis New Cases and Mortality.

Age Period.	New Cases				Deaths.			
	Respiratory		Non-Respiratory		Respiratory		Non-Respiratory	
	M.	F.	M.	F.	M.	F.	M.	F.
0	1	4	3	2	—	—	2	—
1	23	17	12	11	—	—	2	2
5	14	18	14	12	—	—	3	2
10	28	23	8	12	—	—	1	—
15	52	87	9	9	1	7	—	—
20	54	109	7	16	4	10	—	1
25	125	124	5	20	12	30	—	3
35	81	46	5	6	17	12	1	1
45	82	23	7	1	35	11	—	2
55	76	15	—	5	44	9	4	2
65 and upwards	26	10	—	3	25	5	—	—
Totals	562	476	70	97	138	84	13	13

TABLE 33.

ADMINISTRATIVE COUNTY OF DURHAM.—Respiratory Tuberculosis Death-rates, 1948-52.

Rate per 1,000 Living.	1948	1949	1950	1951	1952
Municipal Boroughs	0.59	0.67	0.47	0.42	0.27
Other Urban Districts	0.53	0.45	0.40	0.38	0.25
Rural Districts	0.37	0.42	0.34	0.29	0.23
Administrative County	0.49	0.47	0.39	0.36	0.25*
England and Wales	0.44	0.40	0.32	0.27	0.21†

\*This death-rate of 0.25 per 1,000 population is the lowest on record for this administrative county.

†Provisional.

TABLE 34.

ADMINISTRATIVE COUNTY OF DURHAM.—Non-Respiratory Tuberculosis Death-rates, 1948-52.

Rate per 1,000 Living.	1948	1949	1950	1951	1952
Municipal Boroughs	0.11	0.08	0.11	0.06	0.06
Other Urban Districts	0.09	0.07	0.06	0.05	0.02
Rural Districts	0.12	0.11	0.04	0.05	0.04
Administrative County	0.10	0.08	0.06	0.05	0.03*
England and Wales	0.07	0.05	0.04	0.04	0.03†

\*This death-rate of 0.03 is the lowest on record for this administrative county.

†Provisional.

## PREVALENCE OF, AND CONTROL OVER, INFECTIOUS AND OTHER DISEASES.

Tables 36 to 40 give particulars of cases of infectious disease occurring during the year, the mortality from the principal infective diseases, and the numbers admitted to isolation hospitals.

*Scarlet Fever*.—There were 1,739 cases and 995 were admitted to hospital. Two deaths were registered. The corresponding figures for 1951 were 1,303, 854 and no deaths.

*Whooping Cough*.—The number of cases (3,094) decreased by 503 and the deaths by 1 to 8 when compared with the previous year. All the deaths were of children under 2 years of age, 4 being under 1 year. The death-rate was 0.01 and the case mortality 0.26 per cent.

TABLE 21.

## PREVENTION OF ILLNESS, CARE AND AFTER-CARE.

Summary of provision made during 1952.

Summary of provision made during 1900.

DISTRICTS.	Air Cushions	Air Beds	Bedsteads	Bed Cradles	Bedpans	Bed Tables	Bedrests Blankets (Pairs)	Children's Cots	Commodors	Crutches (Pairs)	Feeding Cups	Fracture Boards	Mattress (Hair)	Mattress (Dunlopillo)	Pillows (Pairs)	Pillow-cases (Pairs)	Pulley Attachment	Rubber-Sheeting	Sheets (Pairs)	Spinal Carriages	Invalid Chairs				Urine Bottles	Sputum Mugs	Enamel Receivers	Enamel Bowls	Walking Sticks	Sand Bags	Milk		Draw-Sheets	Electric Pad	Diabetic Scales	
																					Push	Rim-Driven	Chain-Propelled	Junior Push							Cases Receiving Free Milk	Cases Making Part Payment				
1. Blaydon U.D. Ryton U.D. Whickham U.D.	48	2	1	4	42	—	53	—	3	—	1	—	1	2	—	—	2	22	1	—	10	3	—	—	17	—	—	—	—	—	—	—	—	—	—	
2. Jarrow M.B. Felling U.D. Hebburn U.D.	94	3	4	17	119	2	84	2	3	—	—	—	3	35	1	1	1	60	5	1	24	3	3	—	26	1	1	—	—	4	—	—	—	—	—	
3. Consett U.D. Stanley U.D. Lanchester R.D.	38	2	6	7	41	—	38	6	—	8	2	—	6	9	7	7	—	29	8	2	24	6	2	—	17	1	—	—	—	—	7	—	—	—	—	
4. Chester-le-Street U.D. Chester-le-Street R.D.	35	2	5	6	32	—	39	3	—	3	3	—	2	37	—	1	—	40	1	3	13	1	1	—	8	1	—	—	—	—	7	—	2	1	—	
5. Boldon U.D. Hetton U.D. Houghton-le-Spring U.D. Washington U.D. Sunderland R.D.	32	2	1	7	34	—	28	2	—	2	—	—	1	4	5	2	—	12	2	2	8	1	—	2	14	—	—	—	2	—	7	—	—	—	—	
6. Crook & Willington U.D. Tow Law U.D. Weardale R.D.	40	1	1	1	12	—	12	—	—	—	—	—	—	6	—	—	—	15	1	—	7	1	—	—	2	—	—	—	—	—	—	—	2	—	—	
7. Durham M.B. Brandon & Byshottles U.D. Durham R.D.	52	2	3	6	43	3	40	7	—	8	6	2	3	21	7	6	—	28	5	—	24	5	2	3	14	—	—	3	—	—	6	—	—	—	—	
8. Seaham U.D. Easington R.D.	30	2	3	6	39	—	17	2	1	6	2	—	3	2	15	2	2	2	17	2	1	12	2	—	2	7	1	—	—	1	—	16	—	8	—	—
9. Barnard Castle U.D. Barnard Castle R.D.	4	—	1	—	3	—	2	—	—	—	—	—	—	2	—	—	1	4	—	—	3	—	—	—	1	—	—	—	—	—	1	—	—	—	—	
10. Bishop Auckland U.D. Shildon U.D. Spennymoor U.D.	14	1	2	2	25	—	6	2	—	—	1	—	3	5	3	3	1	16	2	1	6	2	1	—	6	—	—	—	—	—	5	—	1	—	—	
11. Hartlepool M.B. Billingham U.D. Darlington R.D. Sedgefield R.D. Stockton R.D.	25	3	2	4	17	—	14	1	2	3	1	1	1	3	1	1	3	12	1	—	7	—	—	—	13	—	—	—	—	—	8	—	—	—	1	
12. Stockton M.B.	—	—	2	1	3	—	3	1	—	1	1	—	1	2	1	1	—	1	1	—	13	1	—	1	1	—	—	—	—	—	8	1	—	—	—	
Administrative County	412	20	31	61	410	5	336	26	3	27	23	7	4	24	140	27	24	10	256	29	10	151	25	9	8	126	4	1	3	3	4	65	1	13	1	1





## Formal Notifications

AGE PERIODS	Number of Primary Notifications of new cases of tuberculosis													Total (all ages)
	0—	1—	2—	5—	10—	15—	20—	25—	35—	45—	55—	65—	75—	
Respiratory, Males	1	2	21	12	28	47	48	100	75	76	63	18	1	492
Respiratory, Females	4	3	13	18	22	83	98	102	43	19	11	8	1	425
Non-Respiratory, Males	2	3	9	14	7	9	7	5	4	7	—	—	—	67
Non-Respiratory, Females	2	2	9	12	12	9	15	16	6	1	4	2	1	91

TABLE 30.

ADMINISTRATIVE COUNTY OF DURHAM, 1952.—New cases of tuberculosis coming to the knowledge of the County Medical Officer of Health otherwise than by Formal Notification.

SOURCES OF INFORMATION		Number of cases in age Groups													TOTAL
		0—	1—	2—	5—	10—	15—	20—	25—	35—	45—	55—	65—	75—	
Death Returns from Local Registrars	Respiratory	M	—	—	—	—	—	1	1	2	4	5	4	1	18 (A)
		F	—	—	—	—	—	—	2	2	2	4	1	—	11 (B)
	Non-Respiratory	M	—	—	—	—	—	—	—	—	—	—	—	—	— (C)
		F	—	—	—	—	—	—	—	—	—	1	—	—	1 (D)
Death Returns from Registrar- General (Trans- ferable deaths)	Respiratory	M	—	—	—	—	1	—	—	—	1	4	1	1	8 (A)
		F	—	—	—	—	1	—	—	1	2	—	—	—	4 (B)
	Non-Respiratory	M	1	—	—	1	—	—	—	1	—	—	—	—	3 (C)
		F	—	—	—	—	1	3	—	—	—	—	—	—	4 (D)
Posthumous Noti- fications	Respiratory	M	—	—	—	—	—	—	—	—	—	3	—	—	3 (A)
		F	—	—	—	—	—	—	—	—	—	—	—	—	— (B)
	Non-Respiratory	M	—	—	—	—	—	—	—	—	—	—	—	—	— (C)
		F	—	—	—	—	—	—	—	—	—	—	—	—	— (D)
“Transfers” from Other Areas (excluding transferable deaths)	Respiratory	M	—	—	2	—	4	5	24	4	1	1	—	—	41 (A)
		F	—	1	—	1	3	11	20	—	—	—	—	—	36 (B)
	Non-Respiratory	M	—	—	—	—	—	—	—	—	—	—	—	—	— (C)
		F	—	—	—	—	—	—	1	—	—	—	—	—	1 (D)
Other Sources	Respiratory	M	—	—	—	—	—	—	—	—	—	—	—	—	— (A)
		F	—	—	—	—	—	—	—	—	—	—	—	—	— (B)
	Non-Respiratory	M	—	—	—	—	—	—	—	—	—	—	—	—	— (C)
		F	—	—	—	—	—	—	—	—	—	—	—	—	— (D)
TOTALS															
											(A)				70
											(B)				51
											(C)				3
											(D)				6



[illegible]





*Diphtheria*.—Only 21 cases were confirmed compared with 28 in 1951. One death was registered, a girl aged 19 years.

*Measles*.—The number of cases, 11,977 showed an increase of 641. Admissions to hospital numbered 57 and 11 deaths were recorded, an increase of 5. The peak notification period was in the fourth quarter when there were 4,716 cases, notifications numbering over 400 a week for several weeks. The average weekly number of notifications in the first quarter was only 130. The case rate was 13.3 per 1,000 population and the case mortality rate 0.09 per cent.

*Pneumonia*.—Deaths decreased from 383 in 1951 to 267 in 1952 and cases from 1,100 to 928. Notifications were heaviest in the first and last quarters.

*Meningococcal Infections*.—During the year there were 42 cases and 10 deaths. In 1951 the figures were 49 and 11 respectively.

*Acute Poliomyelitis*.—An increase in the number of cases, from 33 to 140, was accompanied by a rise in the number of deaths from 2 to 9. The Tyneside area, particularly Felling and Whickham Urban Districts, was most noticeably affected.

*Acute Encephalitis*.—The number of cases decreased from 6 to 1 and the deaths from 1 to none.

*Dysentery*.—Fewer cases (189) occurred and 66 of these were from Blaydon Urban District, where 53 cases were recorded in the first quarter.

*Enteric or Typhoid Fever*.—There were 2 cases and one death compared with 9 cases and no deaths in the previous year.

*Para-typhoid Fever*.—There were 18 cases without any deaths compared with 15 cases (no deaths) last year.

*Food Poisoning*.—There was again no outbreak of major importance during 1951, only 82 cases being confirmed. Although 26 of these cases were in Blaydon Urban District they were spread out over the year.

*Influenza*.—The number of deaths registered was 24 equal to a death-rate of 0.03 per 1,000 population compared with 243 deaths and a death-rate of 0.27 in 1951 when a large outbreak occurred in January.

*Diarrhoea and Enteritis (under 2 years of age)*.—The number of deaths registered was 24 compared with 32 in 1951. Death-rates for these two years were 0.03 and 0.04 respectively while the rate per 1,000 births registered was 1.54 and 2.02 respectively.

*Reimbursement of Notification Fees*.—In accordance with the National Health Service Act, 1946, the County Council reimbursed £2,324 5s. 6d. to district councils for notifications of infectious diseases fees paid to medical practitioners. In 1951 the sum reimbursed was £2,228 11s. 0d.

TABLE 38.

ADMINISTRATIVE COUNTY OF DURHAM, 1952.—Notifiable Diseases.  
Corrected number of cases, Admissions to Hospital and Deaths.

Diseases.	Cases	Cases admitted to Hospital.	Deaths
Scarlet Fever	1,739	995	2
Whooping Cough	3,094	39	8
Diphtheria	21	78	1
Measles	11,977	57	11
Pneumonia	928	161	267
Meningococcal Infections	42	60	10
Acute Poliomyelitis.— Paralytic	86	75	} 9
Non-Paralytic	54	61	
Acute Encephalitis.— Infective	1	—	} —
Post-Infectious	—	—	
Ophthalmia Neonatorum	16	5	—
Puerperal Pyrexia	107	26	3
Smallpox	—	—	—
Para-Typhoid Fever	18	10	—
Enteric or Typhoid Fever	2	4	1
Erysipelas	113	8	—
Malaria	6	3	—

TABLE 39.

ADMINISTRATIVE COUNTY OF DURHAM—Corrected number of cases of certain Infectious Diseases notified, 1943-1952.

	1943	1944	1945	1946	1947	1948	1949	1950	1951	1952	Mean of 10 years
Smallpox	—	—	—	—	—	—	—	—	—	—	—
Scarlet Fever	2,341	1,722	1,413	1,450	2,059	2,652	1,658	1,393	1,303	1,739	1,773
Diphtheria	1,961	1,370	971	557	240	257	130	83	28	21	562
Enteric and Para- Typhoid Fevers	19	18	15	25	25	6	63	17	24	18	23
Puerperal Pyrexia	77	75	73	71	75	72	54	50	56	107	71
Erysipelas	354	320	254	219	197	278	176	184	86	113	218
TOTALS	4,752	3,505	2,726	2,322	2,596	3,265	2,081	1,727	1,497	1,998	2,647
Attack Rate per 1,000 Living	5.9	4.3	3.3	2.7	2.9	3.7	2.3	1.9	1.7	2.2	2.9



TABLE 40.

ADMINISTRATIVE COUNTY OF DURHAM.—Deaths and Death-rate from the seven principal Infective Diseases, 1943 to 1952.

	1943	1944	1945	1946	1947	1948	1949	1950	1951	1952	Mean of 10 years
Estimated Population	812,000	822,100	828,340	863,530	870,380	889,597	903,030	908,333	898,600	899,800	869,571
Smallpox	—	—	—	—	—	—	—	—	—	—	—
Scarlet Fever	5	1	1	4	6	2	1	—	—	2	2
Diphtheria	83	48	33	17	8	6	4	4	1	1	21
Enteric Fever	1	4	5	1	—	—	—	—	—	1	1
Measles	33	7	22	14	17	15	3	13	6	11	14
Whooping Cough	35	15	7	25	18	14	17	12	9	8	16
Diarrhoea and Enteritis under 2 years	81	113	94	81	122	61	76	45	32	24	73
TOTAL DEATHS	238	188	162	142	171	98	101	74	48	47	127
Deaths per 1,000 Population	0.29	0.23	0.20	0.16	0.20	0.11	0.11	0.08	0.05	0.05	0.14

# VENEREAL DISEASES.

The treatment and diagnosis of venereal disease is not now the responsibility of the County Council and the figures in Table 41 have been compiled from returns received from various authorities.

During the year the following visits were made by the Social Worker.—

Patients who have defaulted from treatment	390
Contact tracing visits	45
Patients referred from ante-natal clinics	15
Miscellaneous visits	128—578

At the request of the South Shields County Borough Council the contact tracing in this Borough is undertaken by the County Council Social Worker and these figures include 20 defaulter, 26 contact, and 2 miscellaneous visits made in South Shields County Borough.

TABLE 41.

ADMINISTRATIVE COUNTY OF DURHAM, 1952.—Numbers of Venereal Diseases patients treated for the first time.

Treatment Centres.									
	Durham County Hosp.	Stockton and Thor'by Hosp.	New- castle General Hosp.	South Shields Municipal Clinic.	Royal Infir. Sunder- land.	Health Centre. West Hartle- pool.	Green- bank Hosp. Dar- lington.	General Hospital, Middles- brough. General Hospital, Sefton Liver- pool.	Total
Syphilis	19	21	47	7	21	7	1	6	129
Gonorrhoea	13	22	80	8	31	8	6	3	172
Other Conditions	92	68	345	48	163	15	36	63	834
Totals	124	111	472	63	215	30	43	72	1135

ADMINISTRATIVE COUNTY OF DURHAM, 1952:—Corrected Number of certain Infectious Diseases notified and number removed to Isolation Hospitals in each sanitary district.

DISTRICTS	Est. Population 1952	Scarlet Fever		Whooping Cough		Diphtheria	Measles		Pneumonia		Meningococcal Infection		Acute Poliomyelitis		Acute Encephalitis		Dysentery	Ophthalmia Neonatorum	Puerperal Pyrexia	Small-pox	Paratyphoid Fever	Enteric or Typhoid fever	Food Poisoning		Erysipelas	Chicken Pox	Malaria	Totals																																																																																																																																																																																																																																																																																																															
		No. Notified Removed to Hospital		No. Notified Removed to Hospital			No. Notified Removed to Hospital		No. Notified Removed to Hospital		No. Notified Removed to Hospital		No. Notified Removed to Hospital		No. Notified Removed to Hospital								No. Notified Removed to Hospital					No. Notified Removed to Hospital																																																																																																																																																																																																																																																																																																															
		No.	No.	No.	No.		No.	No.	No.	No.	No.	No.	No.	No.	No.	No.							No.	No.				No.	No.	No.	No.	No.	No.	No.	No.	No.	No.	No.	No.																																																																																																																																																																																																																																																																																																				
Area No. 1 Barnard U.D. Barnard R.D. Barnard U.D.	30,510 13,610 22,800	62 24 30	12 12 9	145 47 187	— — 1	— — 1	117 150 331	— — 3	14 1 19	1 — 4	2 3 3	1 — 3	— 4 3	3 1 6	3 15 8	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	26 3 3	— 1 2	1 — —	— — —	— — —	— — —	438 227 614	18 13 41																																																																																																																																																																																																																																																																																																												
Area No. 2 Barnard U.D. Barnard R.D. Barnard U.D.	28,700 25,200 23,100	22 26 60	16 30 61	184 116 91	— 4 —	— 1 4	626 254 601	— 8 —	79 35 48	— 33 14	1 3 —	1 3 —	13 13 —	15 15 —	16 6 —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	6 5 —	3 3 2	— — —	— — —	— — —	— — —	922 473 804	17 113 85																																																																																																																																																																																																																																																																																																												
Area No. 3 Barnard U.D. Barnard R.D. Barnard U.D.	38,840 48,080 15,220	61 140 44	8 9 33	129 166 63	1 2 1	1 10 2	281 849 134	2 8 1	7 94 10	1 22 2	— 6 —	— 4 —	2 5 3	2 6 2	— 1 —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	1 13 —	4 11 1	1 1 —	— — —	— — —	— — —	508 1307 259	23 66 43																																																																																																																																																																																																																																																																																																												
Area No. 4 Barnard U.D. Barnard R.D. Barnard U.D.	18,140 40,710	44 140	34 131	42 109	10 —	1 3	183 742	1 —	17 70	10 41	— 1	— 8	— 4	2 2	4 5	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	294 1079	60 200																																																																																																																																																																																																																																																																																																											
Area No. 5 Barnard U.D. Barnard R.D. Barnard U.D.	17,150 18,330 30,860 17,700 25,660	18 23 42 13 62	1 10 28 8 3	41 33 91 34 26	— — — — —	— 3 1 3 —	87 82 486 186 523	— — — 1 8	5 60 13 10 55	1 — 1 3 2	— 2 1 1 2	— 2 1 1 2	1 1 1 1 2	1 — 2 — 1	2 — 2 1 1	— — — — —	— — — — —	— — — — —	— — — — —	— — — — —	— — — — —	— — — — —	— — — — —	— — — — —	— — — — —	— — — — —	— — — — —	— — — — —	156 203 646 246 680	11 16 33 20 19																																																																																																																																																																																																																																																																																																													
Area No. 6 Barnard U.D. Barnard R.D. Barnard U.D.	27,350 3,166 9,099	43 6 9	43 4 3	54 2 14	4 — —	4 — —	482 47 293	— — —	19 3 3	— — —	— — —	— — —	— — —	1 1 —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	613 61 327	48 5 3																																																																																																																																																																																																																																																																																																												
Area No. 7 Barnard U.D. Barnard R.D. Barnard U.D.	19,960 19,700 34,010	19 23 31	18 17 4	57 28 78	— — —	1 1 4	236 236 406	— 1 1	1 1 13	2 1 1	4 1 —	1 1 —	3 1 —	2 1 3	2 — 5	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	332 294 543	22 24 17																																																																																																																																																																																																																																																																																																												
Area No. 8 Barnard U.D. Barnard R.D.	25,660 81,190	26 172	— 22	126 340	4 3	2 6	154 1067	— 5	29 72	2 8	— 5	6 11	2 13	3 11	1 2	1 5	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	347 1738	21 88																																																																																																																																																																																																																																																																																																											
Area No. 9 Barnard U.D. Barnard R.D.	4,614 18,150	4 37	— 25	9 24	— 1	— —	— 218	— —	5 15	— —	— —	— —	1 1	1 3	1 3	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —																																																																																																																																																																																																																																																																																																											
Area No. 10 Barnard U.D. Barnard R.D. Barnard U.D.	35,650 14,480 20,000	158 56 49	110 39 52	184 86 48	1 — —	— 2 —	228 430 592	— — 3	53 32 26	— 1 —	2 — —	1 — —	1 4 1	1 3 —	1 3 1	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	645 614 718	115 43 55																																																																																																																																																																																																																																																																																																											
Area No. 11 Barnard U.D. Barnard R.D. Barnard U.D.	17,080 24,000 13,070 35,980 8,211	4 58 9 107 17	— 60 4 93 —	160 102 11 41 10	2 1 — 1 —	— 5 — 6 —	261 362 76 436 85	4 — — 3 —	3 40 3 14 10	— 2 — — —	4 — — 1 —	— — — — —	— — — — —	— — — — —	— — — — —	— — — — —	— — — — —	— — — — —	— — — — —	— — — — —	— — — — —	— — — — —	— — — — —	— — — — —	— — — — —	— — — — —	— — — — —	— — — — —	468 599 115 629 126	7 70 5 125 1																																																																																																																																																																																																																																																																																																													
Area No. 12 Barnard U.D.	73,820	94	96	216	7	2	736	8	49	11	4	11	8	8	2	4	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1157	199																																																																																																																																																																																																																																																																																																										
ADMINISTRATIVE COUNTY	899,800	1739	995	3094	39	21	78	11977	57	928	161	42	60	86	75	54	61	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	189	51	16	5	107	26	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—





## CANCER.

Table 42 gives comparative statistics in respect of cancer mortality for this administrative county and England and Wales for the past ten years. Table 43 gives the number of cancer deaths in each sanitary district during 1952 tabulated to show the organs affected together with the sex and age periods.

TABLE 42.

YEAR	DURHAM COUNTY.		ENGLAND AND WALES.	
	Deaths	Death-rate	Deaths	Death-rate
1943	1,327	1.64	71,814	1.90
1944	1,287	1.57	71,688	1.90
1945	1,449	1.75	74,291	1.95
1946	1,421	1.65	75,748	1.86
1947	1,475	1.69	77,832	1.85
1948	1,518	1.71	79,528	1.86
1949	1,606	1.78	80,713	1.85
1950	1,615	1.78	82,721	1.89
1951	1,687	1.88	83,341	1.90
1952	1,693	1.88	* 87,611	* 1.99

\* Provisional

## MILK (SPECIAL DESIGNATIONS)

## (PASTEURISED AND STERILISED MILK) REGULATIONS, 1949.

At the end of the year there were 8 plants processing milk in the county. All were licensed to pasteurise undesignated milk and 7 were permitted to use the special designation Tuberculin Tested (Pasteurised). Although these plants received frequent inspection, difficulty has been experienced in maintaining a reasonable standard in some due to congestion. Certain works of alteration are being carried out and at one dairy it is anticipated that a major rebuilding operation, including complete new equipment and a more modern method of processing—from "Holder" to "H.T.S.T."—will be completed and in use early in 1953. It is also anticipated that an additional dairy will be commenced in the near future to replace one of the more badly congested.

After certain amendments, plans were approved for alterations at Sunderland & District Creamery, to allow for the additional processing of sterilised milk, and these should be completed in 1953.

All proposed sources of new supplies to schools have been investigated, and where satisfactory, added to the approved list. Routine samples continue to be taken of milk delivered to schools and also milk produced at hospital farms. Details of the results of the examination of samples of milk are given in Table 44.

TABLE 44.

ADMINISTRATIVE COUNTY OF DURHAM, 1952.—Results of examination of samples of raw and pasteurised milk collected by officers of the County Health Department.

	No. of samples taken	Methylene Blue Test.				Phosphatase Test.			Biological Test for Tuberculosis, etc.				
		Passed	Failed	Inconclusive	% Failed	Passed	Failed	% Failed	No. of samples taken	Negative	Positive	Inconclusive	% Positive
<i>Pasteurised Milk</i>	(a) Dairies .....	414											
	(b) Schools .....	253	4	5	0.97 2.0	412 246	2 7	0.5 2.8	32 35	31 35	— —	1 —	— —
	Total .....	667	9	19	1.3	658	9	1.3	67	67	—	1	—
<i>Raw Milk</i>	(a) Farms .....	45											
	(b) Schools .....	12	10	—	22.2 8.3	— —	— —	— —	16 10	16 10	— —	— —	— —
	Total .....	57	11	—	19.3	—	—	—	26	26	—	—	—
<i>Pasteurised and raw milk total</i> .....	724	685	20	19	2.8	658	9	1.3	94	93	—	1	—

With a view to implementing the provisions of Section 8 of the Food and Drugs (Milk, Dairies and Artificial Cream) Act, 1950, samples of milk are being obtained and submitted for biological analysis. The results of 177 samples have been received, 2 of which showed tubercle bacilli to be present. In each case all milk was being delivered direct to a dairy for pasteurising, and on being notified, inspectors of the Animal Health Division commenced investigations.

The Chief Inspector of Weights & Measures reported that 17 samples of milk were found to be either deficient in milk fat or showed evidence of added water. It was decided that 12 cases were suitable to be taken before the Justices, four were referred to the Agricultural Advisory Service, and in the other case it was thought a caution would suffice.

### FOOD AND DRUGS ACT.

During the year 2,248 samples were analysed with the following results.—

No. of samples found to be genuine	.....	.....	.....	2,112
No. of genuine samples below standard	.....	.....	.....	18
No. of samples of doubtful quality	.....	.....	.....	—
No. of samples of abnormal quality	.....	.....	.....	—
No. of samples adulterated or below standard	.....	.....	.....	58
No. of samples taken as Reference Samples	.....	.....	.....	—
No. of samples taken as Appeal Samples	.....	.....	.....	60
Percentage of milk samples found to be not genuine or below standard	.....	.....	.....	4.12

### WATER SUPPLIES.

During the year water supplies throughout the county have been generally satisfactory. Copies of results of analyses of samples taken by local authorities are received here and where necessary further investigations carried out. Routine samples of supplies to schools, kitchens, dairies, etc., continue to be taken.

During the last three months of the year the Durham County Water Board had some difficulty in maintaining a satisfactory supply to certain parts of the county. Due to low water levels in the Waskerley reservoirs in September being aggravated by strong winds, sediment was disturbed, causing choking of filters. Every effort was made to maintain an adequate supply which, though uninviting, was rendered safe. Work is in progress to minimise the effect of a recurrence of such conditions. The unsatisfactory quality of the supply in the Sedgefield and Aycliffe areas, which is largely received from Mainsforth Colliery, necessitated the issue of public notices, advising consumers in these areas to boil all water before consumption. The unsatisfactory quality of this water is mainly due to lack of adequate treatment plant, which the Water Board are having difficulty in obtaining and installing.

A limited number of small schemes has been submitted by local authorities for consideration, as follows.—

*Bildershaw.*—A scheme to supply water to this area was submitted by the Barnard Castle Rural District Council and approved by the



Health Committee in March, 1950. This scheme proved too expensive and an amended scheme to supply the same number of farms and houses as previously at an estimated cost of £4,500, showing a reduction of £3,900 on the original estimate, has been considered and approved.

*Upper Teesdale Water Supply Scheme.*—This scheme, previously submitted by the Barnard Castle Rural District Council and approved by the County Council, has been the subject of an investigation by the Ministry of Housing and Local Government, whose findings are awaited.

*Thornley Village, Tow Law.*—The condition of the water supply to this village remains substantially the same. Alternative schemes for improving this supply have been received from the District Council and further information is awaited.

*Sedgefield Rural District.*—The scheme for providing a mains water supply to a number of villages and hamlets within the Rural District is continuing, the rate of progress being governed mainly by the availability of the necessary pipes.

*Northumberland (Rural) Water Supplies Survey.*—A summary of a report by Mr. C. H. Spens, M.I.C.E., on water supplies in Northumberland was received from the Ministry of Health with a request for the comments of the County Council, which were duly given. The report only affects those local authorities within this county, adjacent to the River Tyne, and at present supplied with water by the Newcastle & Gateshead Water Company.

*Sunderland and South Shields Water Order.*—This Order, which provides for the laying of two 15-in. water mains, both in the Easington Rural District, was considered and no objection offered.

*Cornsay Colliery.*—A complaint of shortage of water in this village, due to mains water being diverted to a reservoir used by the Brick and Pipe Company, was received. This was remedied by the Company obtaining an alternative supply from underground workings.

*Cockfield, Hilton and Wackerfield.*—The scheme to improve water supplies in these areas is progressing satisfactorily and should be completed early in 1953.

## DRAINAGE, SEWERAGE AND SEWAGE DISPOSAL.

Routine inspections of existing disposal works and those under construction continue to be made. A number of schemes to replace overloaded and defective works, and to enable the continued development of housing estates, have been submitted by local authorities for consideration. Investigations have been carried out in each case and appropriate recommendations made.

*Sewerage schemes for Dalton Piercy, Elwick, Longnewton, Thorpe Thewles, Greatham, Hart, Redmarshall and Whitton.*—An inspection of the above schemes has been made with an Inspector of the Ministry of Housing and Local Government. The work carried out was considered satisfactory but the proposed arrangements for maintenance were questioned. On the assurance of the local authority's surveyor that the arrangements would suffice, a trial period was agreed to.

*School of Agriculture.*—Some difficulty has been experienced in operating these works. Samples have been taken and the results, with observations, forwarded to the County Architect.

*Proposed Development of Leazes Lane, St. Helens.*—The sewer extension in Leazes Lane to serve two smallholdings has been completed.

*Sewerage and Sewage disposal, Middlestone Moor, Spennymoor.*—An application has been received from the Urban District Council for a contribution under Section 307 of the Public Health Act, 1936, towards the cost of the above scheme, required to enable land to be developed for housing purposes and to prevent recurring nuisance due to flooding. This scheme, estimated cost £40,000, was considered necessary and approved by the Health Committee, the question of grant being referred to the appropriate committee. At a later date the scheme was the subject of a public local inquiry by the Minister's Inspector, when no objections were made and the Inspector's findings are awaited.

*Coxhoe and Bowburn Sewerage and Sewage Disposal Scheme.*—This scheme, previously approved by the County Council, has been the subject of a public local inquiry by the Ministry's Inspector. No objections were made, and the Inspector's findings are awaited.

*Stannerford Lane, Ryton.*—An application has been received from the Urban District Council for a grant towards the provision of a sewer at an estimated cost of £800 — £1,000. This scheme was considered necessary and the question of grant referred to the appropriate committee.

*Ingleton Sewerage and Sewage Disposal Scheme.*—This scheme, previously approved by the County Council, has been the subject of an investigation by the Ministry's Inspector, whose findings are awaited.

*South Tyneside, Hebburn & Jarrow. Preparation of Development Plan (Town Map).*—Consideration has been given to the problem of sewage disposal generally on Tyneside, with particular reference to the development plan now being prepared for Hebburn and Jarrow. It is anticipated that the Ministry will be holding a meeting in the near future to discuss this subject with all interested parties, when it is hoped that some indication of policy will be forthcoming.

*Sewage Disposal Works and Pumping Station, Washington.*—Further consideration has been given to proposed sites, which were considered satisfactory.

*Sewage Disposal Works at Low Lands.*—Some difficulty is being experienced in obtaining a suitable site for these works in connection with the Cockfield, Esperley, High and Low Lands sewerage scheme, and a further alternative site has been considered and approved.

*Sewerage and sewage disposal. Causey Works, Tanfield.*—This scheme has now been completed and the works are in use. In consequence a number of small inadequate disposal works have ceased to be used, with a corresponding reduction in the pollution of streams in this area.

## RURAL WATER SUPPLIES AND SEWERAGE ACT, 1944.

In connection with Section 2(2) of the above Act, the following schemes were approved by the County Council during the year.—

	<i>Estimated Cost. £</i>
(a) Barnard Castle Rural District Water Supply— Cockfield, Hilton and Wackerfield	28,500
(b) Stockton Rural District Council Sewage Disposal Scheme—Dalton Piercy, Elwick and Longnewton	10,625



District.	Deaths at subjoined ages.					Totals													
	0-25	25-45	45-65	65-75	75 & Up	Buccal Cavity and Pharynx	Digestive Organ and Peritoneum	Respiratory System	Uterus	Other Female Genital Organs	Breast	Male Genital Organs	Urinary Organs	Skin (Scrotum excepted)	Brain and other parts of the Nervous System	Other or Unspecified Organs	TOTALS		
AREA No. 1. Blaydon U.D. Ryton U.D. Whickham U.D.	2	3	19	23	11	4	22	13	4	—	4	2	—	1	—	—	3	24	
	1	3	9	10	1	—	8	3	4	2	—	1	2	—	1	—	17	7	
	1	3	24	11	6	1	14	7	1	3	—	2	4	1	—	1	23	21	
AREA No. 2. Jarow M.B. Felling U.D. Hebburn U.D.	1	2	25	20	15	2	21	13	5	2	3	4	—	1	—	1	35	28	
	1	2	20	12	14	—	13	12	7	—	4	2	—	2	—	2	25	24	
	1	4	19	14	6	—	10	11	13	1	1	2	1	—	1	—	26	18	
AREA No. 3. Consett U.D. Stanley U.D. Lanchester R.D.	—	1	26	25	21	1	21	15	11	—	4	3	—	—	—	2	42	31	
	1	6	29	40	34	2	42	20	4	7	4	—	5	1	—	5	64	46	
	1	3	8	5	10	1	9	5	2	1	—	—	1	—	—	2	14	13	
AREA No. 4. Chester-le-Street U.D. Chester-le-Street R.D.	—	4	20	13	3	1	14	4	6	—	4	1	1	—	—	1	25	15	
	—	7	33	34	15	—	26	22	10	6	12	2	1	—	1	2	41	51	
	—	2	13	9	11	1	4	13	6	2	2	1	—	—	—	1	15	20	
AREA No. 5. Bordon U.D. Hetton U.D. Houghton-le-Spring U.D. Washington U.D. Sunderland R.D.	—	2	16	6	5	—	11	5	3	1	2	2	—	—	—	—	16	13	
	1	3	18	20	18	4	18	16	9	2	3	1	—	—	—	1	33	27	
	1	4	13	8	12	1	11	10	7	1	—	3	1	—	—	3	24	14	
AREA No. 6. Crook & Willington U.D. Tow Law U.D. Weardale R.D.	1	2	19	23	17	2	12	21	6	1	6	1	2	1	—	1	25	37	
	1	—	—	1	1	—	1	1	—	—	—	—	—	—	—	—	1	1	13
	—	—	6	6	9	—	4	8	1	—	—	—	—	1	—	2	9	—	
AREA No. 7. Durham M.B. Brandon & Byshottles U.D. Durham R.D.	—	3	13	7	4	—	1	10	6	2	1	1	2	—	—	—	15	12	
	—	4	23	8	6	1	2	16	8	5	1	—	—	1	—	1	25	16	
	1	2	28	18	10	1	17	18	3	1	1	3	2	1	1	2	32	27	
AREA No. 8. Seaham U.D. Easington R.D.	—	1	23	17	12	2	1	16	12	6	—	1	6	—	—	—	32	21	
	—	12	65	51	27	—	38	27	21	3	9	5	7	13	4	8	6	89	68
	—	—	3	3	5	—	2	4	—	—	—	—	—	—	—	—	—	3	10
AREA No. 9. Barnard Castle U.D. Barnard Castle R.D.	—	—	1	12	16	8	—	7	8	2	1	—	—	—	—	—	—	1	17
	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	3	10
	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	17
AREA No. 10. Bishop Auckland U.D. Shildon U.D. Spennymoor U.D.	1	1	21	26	18	3	8	11	13	2	1	1	5	1	2	3	37	30	
	—	5	7	6	4	2	6	1	2	—	—	—	2	—	3	1	12	10	
	1	3	10	10	3	2	11	9	2	—	—	1	—	—	1	—	18	15	
AREA No. 11. Hartlepool M.B. Billingham U.D. Darlington R.D. Sedgfield R.D. Stockton R.D.	1	1	11	6	8	1	13	2	4	1	2	—	—	—	—	—	1	19	8
	—	3	15	7	7	1	2	7	1	5	1	3	—	—	—	1	15	17	
	—	1	7	8	7	1	8	6	1	1	—	—	—	—	—	—	10	13	
AREA No. 12. Stockton M.B.	—	—	4	23	15	4	17	12	3	—	—	—	2	—	—	—	24	21	
	—	—	—	5	1	—	5	4	—	—	—	—	—	—	—	—	7	5	
	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
ADMINISTRATIVE COUNTY	2	15	47	41	29	6	4	31	26	18	3	8	6	—	2	—	6	69	65
	20	111	953	537	382	46	23	181	370	197	42	87	49	2	15	19	48	913	780



## HOUSING

TABLE 46.

Statement as to the position of Housing schemes in the Administrative Area of Durham on the 31st December, 1952.

(Figures supplied by the respective District Councils).

DISTRICTS.	Number of New Houses erected during the year	Number of such Houses occupied during the year	Remarks
AREA No. 1. Blaydon U.D. .... Ryton U.D. .... Whickham U.D. ....	122 93 71	122 93 71	17 built privately
AREA No. 2. Jarrow M.B. .... Felling U.D. .... Hebburn U.D. ....	225 255 130	225 255 130	11 built privately
AREA No. 3. Consett U.D. .... Stanley U.D. .... Lanchester R.D. ....	128 243 78	128 240 72	Owner occupied 12 including 55 hostel accommodation
AREA No. 4. Chester-le-Street U.D. .... Chester-le-Street R.D. ....	105 201	105 201	10 by private builders
AREA No. 5. Boldon U.D. .... Hetton U.D. .... Houghton-le-Spring U.D. .... Washington U.D. .... Sunderland R.D. ....	211 125 147 71 266	211 125 147 71 266	2 private houses 13 private houses 7 private houses
AREA No. 6. Crook & Willington U.D. .... Tow Law U.D. .... Weardale R.D. ....	113 16 58	113 16 58	
AREA No. 7. Durham M.B. .... Brandon & Byshottles U.D. .... Durham R.D. ....	67 146 343	67 135 343	6 built privately 26 built privately

Information not available.

—	—	—	—	26,347	M.B.
—	—	—	—	—	12.
—	—	79	361	2,146	R.D.
11	—	100	512	11,225	R.D.
11	22	1,228		2,507	R.D.
—	—	35	—	6,723	U.D.
1	—	3	18	—	M.B.

TABLE A

ADMINISTRATIVE COUNTY OF DURHAM, 1952.—Deaths by causes at various age periods.

	All Ages	Under 1 week.	Under 1 mth.	1—3 mths.	3—6 mths.	6—9 mths.	9—12 mths.	Under 1 Year	1—2 yrs.	2—5 yrs.	5—15 yrs.	15—25 yrs.	25—45 yrs.	45—65 yrs.	65—75 yrs.	75 & Upw
Smallpox .....	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Scarlet Fever .....	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Diphtheria .....	1	—	—	—	—	—	—	—	—	1	—	—	1	—	—	—
Enteric Fever .....	1	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—
Measles .....	11	—	—	—	3	2	1	6	1	1	1	—	—	—	1	—
Whooping Cough .....	8	—	—	1	2	—	1	4	4	—	—	—	2	—	—	—
Diarrhoea .....	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Enteritis .....	40	1	5	3	2	8	1	20	4	1	1	2	1	4	7	—
Cerebro-Spinal Fever .....	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Encephalitis Lethargica .....	4	—	—	—	—	—	—	—	—	—	—	—	3	—	—	—
Erysipelas .....	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—
Influenza .....	24	—	—	—	2	—	—	—	—	—	—	—	—	—	—	—
Cancer .....	1693	—	—	—	—	—	—	2	1	—	1	—	3	6	11	—
Rheumatic Fever .....	16	—	—	—	—	—	—	—	—	5	7	8	111	653	527	382
Appendicitis .....	14	—	—	—	—	—	—	—	—	—	6	—	7	3	—	—
Other Septic Diseases .....	45	2	3	3	1	8	2	19	1	2	1	2	1	5	3	—
Phthisis .....	222	—	—	—	—	—	—	—	—	—	—	—	5	9	6	—
Tuberculous-Meningitis .....	17	—	—	—	1	—	—	1	1	3	6	22	71	99	26	4
Abdominal Tuberculosis .....	1	—	—	—	—	—	—	—	—	—	—	—	4	1	—	—
Other Tuberculous Diseases .....	8	—	—	—	—	—	1	1	—	—	—	—	—	1	—	—
Bronchitis .....	60	—	2	3	4	1	—	10	1	1	1	2	2	23	20	—
Broncho-Pneumonia .....	199	7	4	25	20	10	2	68	8	5	3	4	4	42	65	—
Lobar Pneumonia.....	50	—	—	1	3	2	—	6	—	—	—	—	5	20	19	—
Pneumonia (All other forms) .....	18	2	1	1	3	—	1	8	1	1	—	1	—	2	5	—
Pleurisy .....	7	—	—	—	—	—	—	—	—	—	—	—	1	4	2	—
Other Diseases of Respiratory Organs .....	147	—	—	—	1	—	—	1	—	1	1	1	16	74	53	—
Alcoholism .....	2	—	—	—	—	—	—	—	—	—	—	—	—	1	—	1
Cirrhosis of Liver .....	30	—	—	—	—	—	—	—	—	—	—	—	—	4	13	13
Nephritis and Bright's Disease .....	151	—	—	1	—	1	—	2	—	1	3	8	27	61	49	—
Puerperal Sepsis .....	3	—	—	—	—	—	—	—	—	—	—	—	3	—	—	—
Other Diseases of Pregnancy, Childbirth and the Puerperal State .....	14	—	—	—	—	—	—	—	—	—	—	3	10	1	—	—
Congenital Malformation .....	101	40	21	9	9	10	3	92	6	2	1	—	—	—	—	—
Premature Birth .....	163	136	24	3	—	—	—	163	—	—	—	—	—	—	—	—
Congenital Debility .....	13	8	3	1	—	1	—	13	—	—	—	—	—	—	—	—
Marasmus, Atrophy .....	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Injury at Birth .....	28	28	—	—	—	—	—	28	1	—	—	—	—	—	—	—
Atelectasis .....	28	26	2	—	—	—	—	28	—	—	—	—	—	—	—	—
Meningitis (not Tuberculous) .....	15	2	2	—	1	5	1	11	1	—	1	—	—	2	—	—
Convulsions .....	2	—	—	1	1	—	—	2	—	—	—	—	—	—	—	—
Gastritis .....	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Syphilis .....	16	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—
Organic Heart Disease .....	842	—	1	—	2	—	2	5	—	—	—	—	1	6	8	1
Violent or Accidental Death excluding Suicide.....	271	4	2	2	5	—	—	14	4	6	5	5	71	329	427	—
Suffocation Overlaying .....	2	—	—	—	—	—	1	1	—	1	21	29	65	98	23	11
Burns and Scalds .....	5	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—
Suicide .....	94	—	—	—	—	—	—	—	1	4	—	—	—	—	—	—
Arterio-Sclerosis .....	1695	—	—	—	—	—	—	—	—	—	—	1	21	48	14	10
Senility .....	2892	—	—	—	—	—	—	—	—	—	—	—	43	642	1009	1
Cerebral Haemorrhage .....	211	—	—	—	—	—	—	—	—	—	—	—	—	19	2873	—
Other Defined Diseases .....	629	—	—	—	1	4	2	7	4	9	19	14	8	104	99	—
Diseases ill-defined or unknown .....	1	—	—	1	—	—	—	1	—	—	—	—	88	240	241	7
	9798	256	70	55	62	52	18	513	39	45	80	106	580	2496	2649	3290



**TABLE B.**  
**POPULATION, BIRTH-RATE, DEATH-RATE, ETC., WITHIN THE ADMINISTRATIVE COUNTY OF DURHAM—1952.**

DISTRICTS	Medical Officer of Health.	Area in Acres	Registrar General's estimated Resident Population 1952	Live Births.	Still Births.	Deaths.	Birth- rate	Death- rate	Death-rate from seven Principal Infective Diseases	Infant Mortality- rate per 1,000 Births.	Phthisis Death- rate	Total Tuber- culosis Death rate	Lung Diseases Death- rate	Deaths occurring outside District included.	Deaths occurring within District excluded.
<b>AREA No. 1.</b>															
Blaydon U.D.	H. Russell, M.B., B.S., B.Hy., D.P.H.	9,235	30,510	484	12	310	15.9	10.2	—	29	0.20	0.23	0.43	73	7
Ryton U.D.	H. E. Dunstan, M.B., B.S., M.R.C.S. L.R.C.P.	5,145	13,610	214	8	151	15.7	11.1	0.07	23	0.07	0.07	0.07	39	5
Whickham U.D.	T. L. Kelly, M.B., B.S. (Acting)	6,074	22,800	360	9	258	15.8	11.3	—	31	0.44	0.48	0.39	72	47
		20,454	66,920	1,058	29	719	15.8	10.7	0.01	28	0.25	0.28	0.34	184	59
<b>AREA No. 2.</b>															
Jarrow M.B.	W. Campbell Lyons, M.B., Ch.B., D.P.H. (Acting)	1,697	28,700	564	21	346	19.7	12.1	0.14	21	0.63	0.66	0.56	98	5
Felling U.D.	W. D. Millar, M.B., B.S., B.Hy. D.P.H. (Acting)	3,349	25,200	422	11	286	16.7	11.4	—	28	0.28	0.32	0.28	96	4
Hebburn U.D.	Vacant.	1,554	23,100	437	14	253	18.9	11.0	0.04	32	0.43	0.52	0.43	86	9
		6,600	77,000	1,423	46	885	18.5	11.5	0.06	27	0.45	0.51	0.43	280	18
<b>AREA No. 3.</b>															
Consett U.D.	S. Ludkin, M.B., B.S., D.P.H.	10,042	38,840	647	13	427	16.7	11.0	0.05	26	0.26	0.26	0.28	95	202
Stanley U.D.	Do.	12,659	48,080	819	29	566	17.0	11.8	0.06	40	0.23	0.25	0.31	219	6
Lanchester R.D.	Do.	44,243	15,220	245	5	171	16.1	11.2	—	41	0.26	0.39	0.59	53	163
		66,944	102,140	1,711	47	1,164	16.8	11.4	0.05	35	0.24	0.27	0.34	367	376
<b>AREA No. 4.</b>															
Chester-le-Street U.D.	J. D. Trail, M.B., Ch.B., D.P.H. (Acting)	2,656	18,140	273	5	227	15.1	12.5	0.16	55	0.22	0.22	0.50	27	142
Chester-le-Street R.D.	A. Forster, M.B., B.S., D.P.H.	22,223	40,710	672	16	439	16.5	10.8	0.05	33	0.25	0.27	0.22	180	12
		24,879	58,850	945	21	666	16.1	11.3	0.08	39	0.24	0.25	0.31	207	154
<b>AREA No. 5.</b>															
Boldon U.D.	R. C. F. Smith, M.D., D.P.H.	7,640	17,150	324	4	185	18.9	10.8	0.17	15	0.12	0.12	0.47	58	6
Hetton U.D.	Lilian A. M. Johnston, B.Sc., M.B., Ch.B. D.P.H.	4,551	18,330	303	6	213	16.5	11.6	0.05	33	0.38	0.44	0.44	64	3
Houghton-le-Spring	Do.	5,026	30,860	579	14	345	18.8	11.2	0.06	41	0.13	0.13	0.36	121	17
Washington U.D.	Do.	5,758	17,700	302	8	199	17.1	11.2	0.06	20	0.34	0.34	0.17	59	2
Sunderland R.D.	R. C. F. Smith, M.D., D.P.H.	6,734	25,660	459	4	263	17.9	10.3	—	26	0.31	0.39	0.35	80	205
		29,709	109,700	1,967	36	1,205	17.9	11.0	0.06	29	0.25	0.27	0.36	382	233
<b>AREA No. 6.</b>															
Crook & Willington U.D.	F. Lishman, M.B., B.S.	15,476	27,350	420	11	334	15.4	12.2	0.11	31	0.22	0.22	0.22	91	19
Tow Law U.D.	A. Charlton, M.B., B.S.	477	3,166	79	2	33	25.0	10.4	—	38	0.32	0.32	0.32	9	1
Weardale R.D.	D. Thomson, O.B.E., M.B., Ch.B.	99,513	9,099	98	1	126	10.8	13.9	—	20	0.33	0.33	0.33	26	7
		115,466	39,615	597	14	493	15.1	12.5	0.08	30	0.25	0.25	0.25	126	27
<b>AREA No. 7.</b>															
Durham M.B.	Vacant.	4,048	19,960	310	8	202	15.5	10.1	0.05	19	0.15	0.20	0.40	27	295
Brandon & Byshottles U.D.	Do.	8,224	19,700	340	14	217	17.3	11.0	0.05	53	0.25	0.30	0.36	79	2
Durham R.D.	Do.	34,598	34,010	572	18	372	16.8	10.9	—	37	0.38	0.38	0.38	127	5
		46,870	73,670	1,222	40	791	16.6	10.7	0.03	37	0.29	0.31	0.38	233	302
<b>AREA No. 8.</b>															
Seaham U.D.	W. J. Peden, L.R.C.P.I. & L.M., L.R.C.S.I., & L.M., D.P.H.	2,469	25,660	461	11	244	18.0	9.5	0.04	26	0.19	0.19	0.23	99	9
Easington R.D.	J.E.D. Miller, M.B., B.S. (Acting)	34,653	81,190	1,423	37	812	17.5	10.0	0.07	42	0.12	0.14	0.46	297	49
		37,122	106,850	1,884	48	1,056	17.6	9.9	0.07	38	0.14	0.15	0.40	396	58
<b>AREA No. 9.</b>															
Barnard Castle U.D.	J. G. Paley, M.R.C.S., L.R.C.P., D.P.H.	559	4,614	70	4	99	15.2	21.5	—	—	0.22	0.22	—	22	16
Barnard Castle R.D.	Do.	110,118	18,150	262	8	219	14.4	12.1	—	23	0.33	0.39	0.17	60	6
		110,677	22,764	332	12	318	14.6	14.0	—	18	0.31	0.35	0.13	82	22
<b>AREA No. 10.</b>															
Bishop Auckland U.D.	H. G. Donald, M.B. Ch.B., D.P.H.	9,332	35,650	622	15	414	17.5	11.6	0.03	27	0.34	0.34	0.36	28	231
Shildon U.D.	P. V. Anderson, M.B., B.S.	4,827	14,480	226	4	168	15.6	11.6	—	49	6.55	0.35	0.41	65	1
Spennymoor U.D.	S. V. Tinsley, M.B., Ch.B.	7,543	20,000	383	12	215	19.2	10.8	0.05	37	0.20	0.20	0.45	81	5
		21,702	70,130	1,231	31	797	17.6	11.4	0.03	34	0.30	0.30	0.40	174	237
<b>AREA No. 11.</b>															
Hartlepool M.B.	J. L. Siddle, M.B., B.S., D.P.H.	1,472	17,080	367	12	169	21.5	9.9	0.17	46	0.12	0.12	0.35	50	78
Billingham U.D.	L. R. Benham, M.B., B.S., D.P.H.	7,855	24,000	471	11	172	19.6	7.2	—	45	0.08	0.08	0.54	79	9
Darlington R.D.	W. M. Rodgers, M.B., B.Ch., B.A.O., D.P.H.	45,479	13,670	210	5	114	16.1	8.7	—	48	0.08	0.15	0.15	52	22
Sedgefield R.D.	Do.	39,057	35,980	614	16	375	17.1	10.4	0.08	33	0.25	0.31	0.28	65	294
Stockton R.D.	G. S. Mather, M.B., Ch.B., D.P.H.	41,118	8,211	121	1	82	14.7	10.0	—	25	0.12	0.12	0.37	27	3
		134,981	98,341	1,783	45	912	18.1	9.3	0.06	40	0.15	0.18	0.35	273	406
<b>AREA No. 12.</b>															
Stockton M.B.	H. J. Peters, M.B., B.S., B.Hy., D.P.H. D.P.A.	5,465	73,820	1,422	40	792	19.3	10.7	0.05	26	0.20	0.28	0.54	193	128
<b>ADMINISTRATIVE COUNTY</b>		620,869	899,800	15,575	409	9,798	17.3	10.9	0.05	33	0.25	0.28	0.37	2,897	2,020





TABLE C.

DEATHS AT CERTAIN AGES AND FROM CERTAIN SPECIFIED CAUSES WITHIN THE ADMINISTRATIVE COUNTY OF DURHAM—1952.

[illegible]





TABLE D.

THE FOLLOWING TABLE SHOWS THE CLASSIFICATION OF DEATHS AS SUPPLIED BY THE REGISTRAR GENERAL

(Throughout this report figures relating to deaths are based on local tabulations extracted from the monthly returns submitted by district registrars).

CAUSES OF DEATH.				TOTAL	M	F	*URBAN DISTRICTS		RURAL DISTRICTS		AGE PERIODS.															
							M	F	M	F	MALE.							FEMALE.								
											0—	1—	5—	15—	25—	45—	65—	75—	0—	1—	5—	15—	25—	45—	65—	—75
1	Tuberculosis, respiratory	207	123	84	86	62	37	22	—	—	—	5	29	69	18	2	—	—	—	16	41	22	4	1		
2	Tuberculosis, other	25	12	13	7	9	5	4	2	2	4	—	1	2	1	—	—	2	2	1	4	4	—	—		
3	Syphilitic disease	31	25	6	18	5	7	1	—	—	—	—	2	11	10	2	—	—	—	2	3	—	1			
4	Diphtheria	2	—	2	—	2	—	—	—	—	—	—	—	—	—	—	—	—	1	1	—	—	—			
5	Whooping Cough	7	3	4	3	3	—	1	2	1	—	—	—	—	—	—	1	3	—	—	—	—	—			
6	Meningococcal infections	10	7	3	5	2	2	1	4	2	—	—	—	1	—	—	2	1	—	—	—	—	—			
7	Acute poliomyelitis	8	8	—	6	—	2	—	1	4	—	—	3	—	—	—	—	—	—	—	—	—	—			
8	Measles	11	4	7	4	5	—	2	1	1	—	—	2	—	—	—	5	1	1	—	—	—	—			
9	Other infective and parasitic diseases	42	25	17	16	13	9	4	5	—	1	2	8	5	1	3	—	1	—	1	6	2	5	2		
10	Malignant neoplasm, stomach	337	210	127	148	94	62	33	—	—	—	—	10	77	83	40	—	—	—	5	32	54	36			
11	Malignant neoplasm, lung, bronchus	206	177	29	130	19	47	10	—	—	—	—	10	118	41	8	—	—	—	4	17	7	1			
12	Malignant neoplasm, breast	121	2	119	2	89	—	30	—	—	—	—	—	—	2	—	—	—	—	11	60	33	15			
13	Malignant neoplasm, uterus	81	—	81	—	52	—	29	—	—	—	—	—	—	—	—	—	—	—	10	41	22	8			
14	Other malignant and lymphatic neoplasms	827	462	365	330	231	132	134	—	2	5	3	21	140	155	136	—	—	3	4	31	130	99	98		
15	Leukaemia, aleukaemia	35	18	17	13	13	5	4	—	—	1	—	6	8	2	1	—	3	1	2	6	3	—			
16	Diabetes	69	19	50	11	34	8	16	—	—	—	—	—	6	12	1	—	—	—	2	16	18	14			
17	Vascular lesions of nervous system	1526	745	781	527	555	218	226	—	—	—	—	8	137	252	348	—	—	—	1	12	169	247	352		
18	Coronary disease, angina	1331	841	490	590	317	251	173	—	—	—	—	32	313	285	211	—	—	—	6	120	205	159			
19	Hypertension with heart disease	202	100	102	65	69	35	33	—	—	—	—	3	16	40	41	—	—	—	3	14	45	40			
20	Other heart disease	1496	691	805	496	577	195	228	1	—	—	2	25	114	188	361	1	—	3	4	37	115	181	464		
21	Other circulatory disease	412	238	174	166	121	72	53	—	—	—	—	8	32	58	140	—	—	—	5	25	44	100			
22	Influenza	42	24	18	17	10	7	8	2	—	1	—	3	3	5	10	1	1	—	—	—	3	4	9		
23	Pneumonia	365	197	168	135	118	62	50	45	14	3	1	2	37	46	49	46	5	—	1	6	24	33	53		
24	Bronchitis	409	286	123	214	87	72	36	9	1	1	1	3	106	87	78	7	1	—	1	3	24	32	55		
25	Other diseases of respiratory system	82	58	24	32	20	26	4	1	1	—	1	7	28	10	10	3	1	—	—	5	6	5	4		
26	Ulcer of stomach and duodenum	97	78	19	52	19	26	—	—	—	—	—	10	42	19	7	—	—	—	1	—	7	4	7		
27	Gastritis, enteritis and diarrhoea	62	26	36	18	23	8	13	8	3	1	—	2	6	4	2	10	2	—	2	3	6	8	5		
28	Nephritis and nephrosis	114	62	52	39	38	23	14	—	1	1	4	14	15	15	12	1	—	2	2	6	19	15	7		
29	Hyperplasia of prostate	91	91	—	62	—	29	—	—	—	—	—	—	10	37	44	—	—	—	—	—	—	—	—		
30	Pregnancy, childbirth, abortion	10	—	10	—	7	—	3	—	—	—	—	—	—	—	—	—	—	—	8	2	—	—			
31	Congenital malformations	124	68	56	44	39	24	17	46	4	3	3	6	6	—	—	42	3	2	—	3	2	4	—		
32	Other defined and ill-defined diseases	997	523	474	359	319	164	155	154	4	14	7	31	95	83	135	97	3	9	10	34	93	73	155		
33	Motor vehicle accidents	71	56	15	38	10	18	5	—	4	6	11	16	12	4	3	—	2	5	1	2	3	1	1		
34	All other accidents	250	179	71	112	48	67	23	7	6	5	18	40	69	13	21	7	4	3	—	5	13	8	31		
35	Suicide	94	67	27	47	21	20	6	—	—	—	1	12	30	15	9	—	—	—	9	17	1	—			
36	Homicide and operations of war	9	8	1	6	1	2	—	—	—	1	1	3	1	1	—	—	—	1	—	—	—	—	—		
TOTAL		9803	5433	4370	3798	3032	1635	1338	288	50	47	60	315	1511	1487	1675	223	33	32	49	265	995	1155	1618		

\*Including Municipal Boroughs of Durham, Hartlepool, Jarrow and Stockton.





Comparative Vital Statistics, Administrative County of Durham, and England and Wales, 1952.

**\*Provisional.**

**\*Provisional.**

